VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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05119

CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

City or town(If o	outside eity or town li of death?	ourg. Md, mits, write RURAL and give nearest town) p. 11 Mo death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State	*****
3. (a) FULL NAMI	E		3. (b) Social Security Number	
	Annie	Elizabeth Adamson		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Widow	Tune 6th AT TID	
7. Birth date of deceased (mo., day, y	or wife	darch 25th 1863	21. I CERNIFY that death occurred on the date above stated; that rattended deceased from	2
8. AGE: Years		Days If less than one day	Afford on Jelons of Francis -	
9. biringiace		Va,	Ove to. 36 hours	en.
11. Industry or business	obert B.	Wife, Merchant	Due to	
12. NameR	Va,			
14. Malden name 15. Birthptace	Alice N		(Include pregnancy within 3 months of death) Major findings of operations Date of op.	
	M Wile Gaithersh	son, Methodist Home	Autopsy results	
Buri (Burial, cremation,	or removal. Which?)	Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide	*******
		Cemetery	Where dld injury occur?	
Location	Manassas	Va,	Injured at home, farm, industry, public place (where?)	
18. Funerat director	Ernest	C, Gartner	Meens of injury tnjured at work?	
Address	Galthe	ersburg. Md,	23. SIGNATURE KASLAM TO, Muller MX	_
19. Jane 19. Date roc'd by reg	7 19 4 7 1	Chuda J- Garke Registrar	Address Garthesburg Dia Bate signed 7/4	2

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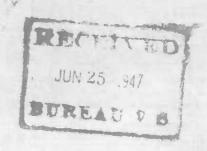
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

051211 N Reg. Dist. No. 2/6

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants of residence of mother)
County Day	GV 2. K.
Cily or town	over the second
How long in above place of death? 7 ym 5 me -	(If outside city or town limits, write AURAL and give pearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3709 military JAN
Woodlanes Sanalouvery Hockselline	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr Mara	adelman
4. Sex 5. Color or race 0.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 45
- W Married	2D. DATE DF DEATH June 19 19.47 at 7 A-M
6.(b) Name of husband or wife Chathur Chathuran	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
adelman	1940 19 10 June 19 19 47.
7. Birth date of	and thet I last saw blaalive on
deceased (mo., day, yr.) fund 28 1882	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Junocarden failure 3 days
64 11 24hrs. min.	with terminal bronchofenous a
9. Birthplace Michigan	Due to
(Toyh, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	/ Willeselliones, 10 mgs
# 12 Name A 20 & A Christia	Differ conditions
12. Name ANGENIA	Chrone arthurs
« · · · · · · · · · · · · · · · · · · ·	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace	Date of op.
16. Informant Mr. Jr. Chun Gallygon	Autopsy results.
Address 3709 - Milliam & All	PHYSICIAN: Please underline the cause to which death should be charged statistically.
O Select N. 74 47	*22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Rash D Case C	(City or town (County) (State)
2 Lutes Del	Injured at home, farm, Industry, public place (where?)
Location Location	Meens of injury injured at work?
18. Funeral director	- M. O 0 : A-
Address 2901 14 4 11 11	as assure If Tintherend M.D.
6/19 47 Dm E Del	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Tollville Md Date signed 19/42



(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

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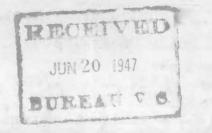
051	131
05	128
Dist No.	216

CERTIFICAT	E OF DEATH Reg. Dist. No. 216
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
ALBEE, William Franklin	3. (b) Social Security Number
male W-US single married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
5.(b) Name of husband or wite 6.(c) If alive, give age years 7. Birth date of deceased (mo., day. yr.) 8. AGE: Years Months Day's If yes than one day 6.4 8 24 hrs. min. 9. Birthplace Oregon (Town, county, and state). 10. Usual occupation. 11. Industry or business 12. Name Charles Albee dece 13. Birthplace Maine 14. Maiden name Anna Tuttle dece	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. June 19. 47. to 23. June 19. 47. and that I last saw h. imalize on 23. June 19. 47. Immediate cause of death ORONARY OURATION THROMBOSIS WITH MYOCARDIAL INFARCTION, OLD 2nd RECENT Due to ARTERIOSCLEROSIS; GENERAL Oue to Other conditions SULMONARY CONGESTION Other conditions SULMONARY CONGESTION (Include pregnancy within 3 months of death) Major findings of operations. Date of op. CARCINOMA OF Autopay results. SAME AS ABOVE WITH ADDITION OF CARCINOMA OF CESTION
Address 1707 Eye St., N.W., Wash., D.C. burial Dale thereof 6-25-47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Arlington National Location Arlington, Va. Address 2901 lith St., N.W., Wash. D.C. Address 2901 lith St., N.W., Wash. D.C. Mary Charlotte Smith Charlotte Smith Charlotte Smith Charlotte Smith Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Registrar Regist	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE BERYAN, Lt. (jg) (MC) USNR M. D. or other Address USNH Be the sda, Md. Date signed 6-23-47



MARYLAND STATE DEPARTMENT OF HEALTH

County	State Mary Land County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town Street No. 507 Pershing Drive (Ifrural, give LOCATION) 2.(a) If veteran, name wer 3. (b) Social Security Number none MEDICAL CERTIFICATION 2D. DATE DF DEATH 19 7 21
How long in above place of death? B63601 530000636 street address where death occurred: 507 Pershing Drive How long in hospital or institution? 3. (a) FULL NAME MRS. JANE C. ANDER 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female white Widowed	Sireet No. 507 Pershing Drive (If rural, give LOCATION) 2.(a) If veteran, name wer. 3. (b) Social Security Number none MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above etated; that I attended decessed from
507 Pershing Drive How long in hospital or instilution? 3. (a) FULL NAME MRS. JANE C. ANDER 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female White Widowed	2.(a) If veteran, name wer 3. (b) Social Security Number none MEDICAL CERTIFICATION 2D. DATE DF DEATH
How long in hospital or institution? 3. (α) FULL NAME MRS. JANE C. ANDER 4. Sex 5. Color or race 6. (α) Single, married, widowed, or divorced female White Widowed	2.(a) If veteran, name wer
MRS. JANE C. ANDER 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced widowed	2D. DATE DF DEATH
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female White Widowed	2D. DATE DF DEATH
female white widowed	2D. DATE DF DEATH
	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
77	
6.(b) Name of husband or wife. Edward S.	(97 to 193 . (), me [)
7. Birth date of	rs and that I last saw b
7. Birth date of deceased (mo., 40y, yr.) Dec. 19th. 1884	and that I last naw h
8. AGE: Yeare Months Days If less than one day	commediate (1800 of 1801) . Mascules 41
62 6 28hrsmin.	duis .
9. Sirthplace Fort Custer, Mont. (Town, county, and state)	Due to
1D. Usual occupation Housewife	
	Due to
11. Industry or businees [12. Neme James Edw. Wilson	Diter conditions Westerna -
12. Name. James Edw. Wilson 13. Birthplaca Ireland	
	(Include pregnancy within 3 months of death)
14. Maiden nameAnnie Ferguson	Major hadings of operations
16. Informant Mrs. Mary E. Cummings	Autopsy results.
Address 507 Pershing Dr. Silver Spring	PHYSICIAN. Please underline the cause to which death should be charged statistical
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof 6-20-1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery orcements Cedar Hill	Where did injury accur?
Location Suitland, Pr. Geo's Co., Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Wares & bumpshory.	Meens of injury injured at work?
Address Silver Spring, Maryland.	Later W Harris MN
19 Date rec'd by registrar) 19 Date rec'd by registrar)	23. SIGNATURE M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05123/6 Reg. Dist. No.....

City or town	State Mary (44 County Of DECEASED: (For newborn infants give residence of mother) State County Cou
How long in above place of death?	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Dessie McGill AR	undel 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white uidoual-	20, DATE OF DEATH SUR & /6 1947 at 7158 PM
6.(6) Name of husband or wife. VICIMIOUS ARUNDE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) August 5, 1887	and that I last saw h. C.R. allve on JOK C. 1847.
8. AGE: Years Months Days If less than one day 59 10 11	BROXCEO PACUMONIA 1 DAY
9. Birthplace Lees burg Virgley & - (Town, county, and state)	Due to CARCIROME OF LUNG 1946
10. Usual occupation fouse wife	Que to CARCIROMA OF BACOST 1943
11. Industry or business own Rowe —	
12. Name John G. Utter BACK 13. Birthplace Loudon County, VINGING.	Other conditions. 1024
	(Include pregnancy within 8 months of death)
14. Maiden name Elle, Brown 15. Birthplace Louden County Unglase	Major findings of operations. CAR CIABA & GF PACAST-
2 15. Birthplace	Date of op.
16. Informant ETAET ETE WITSON	Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address RFD #3, 6-AIT Leasburg Md.	
17. Burial Date thereof 6/19/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Union Cemetery	Where did injury occur?
Location Leesburg, Virginia	Injured at home, farm, industry, public place (where?)
18. Funeral director On Telebrus Terrib Tirey	Means of Injury Injured at work?
Address 7557 Wisconsin Ave. Bethesda	Welli Well . T. C.
18. 6/17 18 47 7m Exclusion	23. SIGNATURE

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ADING INK. Supply every item of information carefully. In Physicians: please write the causes of death clearly and legic

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PLEASE WRITE PLAINLY

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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216

			CERTIFICAT	TE OF DEATH	Reg. Diat. No. 216	*****
City or town	tgomery ethesda (ru foutside city or town li ce of death? 13 or street address where val Hospi ta or institution?	days death occurred L. Bet	EURAL and give nearest town) I: nesda, Md.	2. USUAL RESIDENCE (HOME) OF DI (For newborn Infants give residence of moth State	ite RURAL and give nearest town) Outhwest ATION)	V
3. (a) FULL NAM		Torre	mhine Manie	3	3. (b) Social Security Number	
4. Ser female	5. Color or race white	6.(a)Singl	e married, widowed, or divorced	MEDICAL CERT 20. DATE OF DEATH		15
7. Birth date of decessed (mo., day	, и.) 18 Sep	tember		21. I CERTIFY that death occurred on the date above at 5-19 19.47 and that I last sow her alive on 6-1.	19. 19. 19. 19. 19. DURA	TION
8. AGE: Yea	ars Months	Days	If less than one dayhrsmin.	Acute Ulcerative Coli	tis 5 wi	KS
10. Usual occupation	Pennsylvan (Town, Housewi Joseph Wh	<u>fe</u>		Due to Massive hemorrhagic colitis with overwhelm (Dr.O) Due to (Dr.O) Other conditions (Dronchonney thick of the condit	ming toxemia wens - 8-28-47)	
Y 13. Birthplace	Philad	ephia	trick	(Include pregnancy within 3 mont	hs of death)	
			Washington, D. C.	Actopsy resultsSameasabove PHYSICIAN: Please underline the cause to which	death should be charged statistically.	
17. Buri	al on, or removal. Which?	Date ther	eot. 6-11-117 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, Accident, suicide, or homicide	Date of	
	W.W. CHAM		o. Kny	Injured at home, farm, Industry, public place (where?	tnjured at work?	
Address 517	1 Ji7	man o Mary C	Wash. D. C. harlotte Smith	23. SIGNATURE J. C. OWENS, LO 23. SIGNATURE USNH, Be thesda., Mo	M. D. or other	7

Registrar Address

For additional inf. on cause of death see corresondence under "OWens" recd. in V.S. 8-27- $\mu\gamma$.



2411 N. Charles St., Baltimore 46d

CERTIFICATE OF DEATH

X	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Clty or town Oly 1 de city or town/finits, write RURAL and give nearest town)	State Maryland County Howard
(If outside city or townshimits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred: The Montgomery County General Hospita.	Street No. P # 2
How long in hospital or institution? 20 days	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Eligabeth Band	
Fenal White Married.	MEDICAL CERTIFICATION 2D. DATE DF DEATH 2D. DATE DF DEATH 2D. DATE DF DEATH
8. (b) Name of husband or wife Mr. John Bandel	21. I CERTIFY that death occurred on the date above stated; that I attended decsased from
	Angust 16 19 46 10 June 29 1947
7. Birth date ef deceased (mo., day, yr.) November 17, 18697 8. ACE- Years Months Days If less than one day	and that I last saw h. e. T. alive on
8. AGE: Years Months Days If less than one day 79 2 /2hrsmin.	Acute cardiae failure 3 hours
8. Birthplace (Town, county, and atate), New York.	Pura An
10. Usual occupation Alana Sewil A	Proceeded insufficiency 12 hours
11. Industry or business	Due to
12. Name Me Henry Weber 13. Sirthplace Germany	Other conditions Caremona of The Mitten 3 years
14. Maiden name Eliquabeth Elgert 15. Birthplace Germany	(Include pregnancy within 8 months of death) Major fiadings of operations. Concumona of The recken.
	Date of op. Jun & 17, 47
16. Informant Hogpital NEGANCIS	Autopsy results
Address 7-2-47	22. VIOLENCE: If death was due to external causes, fill in the fellowing:
17	Accident, suicide, or homicide
Cemetery or crematory Masteria	Where did injury occur? (City or town) (County) (State)
Location Ballimore me	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A. Algunhochom	Means of Injury Injured at work?
Address Eliest City my	23. SIGNATURE Charles S. Whitaha B.O.
(Date rec'd by registrar) 1947 Sertrude B Jawl	Address Clastes wille 19 d Date signed
/was so a st solines.	Bantonanii antonii

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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and the state of t

Location Arlington, Virginia

18. Funeral director. W. W. Chambers, Co.

(Date ree'd by registrar)

517 11th St., SB, Washington, D. C.

W. J:

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Battimore

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	100	75	de	
	12	45	-	

 USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

D. C.

05126

CERTIFICATE OF DEATH

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	Reg.	Diat.	No.	216

EMBOLISMI 2-	m 10 47
21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro 2 June 19 17, to 2 June and that I last saw h. im alive on 2 June Immediaty cause of death. PULMONARY	m 10 47
2 June 19 47 to 2 June and that t last saw h im alive on 2 June 2	10 47
and that t last saw h. im alive on 2 June Immediate cause of death PULMONARY EMBOLISMI 2-	19.47
EMBOLISMI 2-	
Oue to AURICULLAR FIBRILL-	BURATION 3. Day
Due to PHEUMATIC HEART	year
CONGESTIVE HEART	legus
Major findings of operations.	
Autopsy results. NOT GRANTED BY FAMILY PHYSICIAN: Please underline the cause to which death should be charged statistic	
22. VIOLENCE: tf death was due to external causes, fill in the following:	
Accident, suicide, or homicide	
Where did Injury occur?	e)
Injured at home, farm, Industry, public place (where?)	
Means of Injured at work?	



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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH <

2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother)

Washington

Reg. Dist. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:				
1. PLACE OF DEATH: Montgomery Bethesda (rural)					
City or town	Betheso	mits, write RURAL and give nearest town)			
How long in above place	of death? 1 mc	onth, 12 days			
Hospital, Institution, or	street address where	death occurred:			
US Naval H	ospital, E	ethesda, Md.			
How long in hospital or	Institution?	1 month, 12 days			
3. (a) FULL NAME					
	BEST, Jo	seph (n)			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced			
male	Col.	married			
6.(b) Name of husband	or wifeMrs.4	Anne Best			
************************	***************************************				
7. Birth date of deceased (mo., day, y	May 11	1, 1892			
8. AGE: Years	Months	Days It less than one day			
55	. 1	114hrsmin.			
10. Usual occupation 11. Industry or business		dec.			
12. Ratile Advant	N.C				
Z 13. Bittiplace	Maggie :	? dec			
14. Maiden name 15. Birthplace	aggare				
≥ 15. Birthplace	N.C.				
16. Informant Wife	: Mrs. Ann	ne Best			
Address 112	Heckman St	S.E. Wash. D.C.			
		Date (hereof			
Cemetery or cremato	, Arlingt	ton National			
18. Funeral director	Robert G.	Mason, KA			
Address 2500	Nichols Av	ve S.E. Wash D.C.			
	1 -	man Charlotte Smith			
196-25	19.47	Mary Charlotte Smith			

Street No. 112 Heckman St. (If rural, give	
	3. (b) Social Security Number
MEDICAL CI	ERTIFICATION
20. DATE OF DEATH. June	25 19 47 11 5:12 A
21. I CERTIFY that death occurred on the date about 13 May 19	ve stated; that I attended deceased from 47 to 25 June 19 47
and that I last saw h i.M alive on	25 June 19 47
Immediate cause of death Ex-sameur	ulcer 3-4 day
Carinana of the	Lind 1 the
Other conditions During Ca	cheria Medalia
divided pregnancy within 3 s	nonths of deschi)
Antopsy results. Status Glo PHYSICIAN: Please underline the cause to w	
22. VIOLENCE: If death was due to external cau	ses, fill in the following:
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (w	here?)
Means of Injury	Injured at work?
R P. R. ENGLE	e, Car. (MC) USN
USNH Bethesda, Md.	M. D. or other 6-25-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

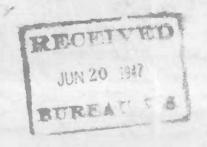
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05128

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: Montgomer	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County) C.
(If outside city or town limits, write TRAL and give rest town)	State County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 425-15 th St. SE.
108 Digo ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Whome Jugma	Devel
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH June 18 19 47 at 8 30 P.
6.(b) Name of husband or wife Benjamin F. Brewer	21. I CERTIES that death occupied on the date above stated; that I affended deceased from
6.(c) It alive, give age 79 years	1 1 2 10 110
7. Birth date of deceased (mo., day, yr.) Jac. 28 - 1862	and that I last aaw had alive on
8. AGE: Years Months Days It less than one day	Immediais orme al death Thrombono 2 week
84 5 18hrsmin.	
Frederick Maryland	ateriosclerosis, man
S. Birthplace	Generalized years
10. Usual occupation - Housewife	Puo ta
1t. Industry or business	556 (0
12. Hame Jeorge Lugenbeel	Other conditions more
13. Birthplace Maryland	(Include pregnancy within 3 months of depth)
14. Maiden name. Mary Sian 15. Birthplace Maryland	Majur fiedings of operations
15. Birthplace Maryland	Date of op.
B. tie B. Shroughere	Autopsy results not done
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 20 Soffrew Ma. wante, /a	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Burial Date thereof June 21, 1947	Accident, suicide, or homicide
(Burial, cremetion, or removal, Which?) (month) (day) (year)	
Gemetery or crematory	Where did injury accur?
Location State Country - OA. 30- W.T.	Injured at home, farm, Industry, public place (where?)
18. Funeral director & ames T Orugan In	Means at Injury Injured at work?
1017 DO 0.0 PP	1. (2. 2 now M.D.
Addresa / 3 / Car Carrott	23. SIGNATURE
10 Jame 18 10 47 Jugglen by /a koeffer	914 Sligo live. 2 6/18/4-
(Date rec'd by registrar)	Address Address Address



No 61.50

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MARYLAND STATE DEPARTMENT OF HEALTH;

05129

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery Bethesda (rural)				n c		
City or town						
How long in above place	e of death?	1 days		City or town	write RURAL and give nea	rest town)
Hospital, institution, o	or street address where	death occurred	:	Sireet No. 4505 Jay Sta, Na	E.	
			da, Md.	(If rural, give,	MOCATION)	
How long In hospital	or Institution?	14 day	3	2.(a) If veteran, name war	Z WII	V.
3. (a) FULL NAM	IE .				3. (b) Social Security 1	Number
	BROOKS,	Edwar	d Irving		E LI SUI	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	C-US		married	20. DATE OF DEATH 30 June	19. 47	5:30 P
	d or witeMari			-21. I CERTIFY that death occurred on the date about	re staled; fhaf I attended decea	sed from
				16 June 19.		
7. Birth date of			c) If alive, give ageyears	and that I last saw h i.M alive on		
deceased (mo., day,		27,1		Immediate cause of death		DURATION
8. AGE: Yea	rs Months 5- 11	Days 3	If less than one dayhrsmin.	PRESENTED DUODENAL	Urcea	2 weeks
M	a			Due to MASSINE GRETER - INT		***************************************
	d. (Town			heman nee Pham dued		3 days
10. Usual occupation	Truck	Altic	LQ,	Due to FECAL PULMANARY		
	ss George		elker Tunkerlo.	LATCABL AMY LADES IS		
			doll. C.	Diher conditions Any orpas'is of	Spleen. liver	MAK ANTW V
12. Name Brooks, William det Maryland						W.ANTARASS
E. Tot Change				(Include pregnancy within 3 n	nonths of death)	
14. Maiden nami			44	Major findings of operations		
	Maryla			7		
16. Informant Wife	e: Mrs. Mar	ion Br	ooks	Autopsy results As Seace Sed A	9046	
Address 450	05 Jay St.	N. E.	Wash. D.C.	PHYSICIAN: Please underline the cause to wh		ota tisticany.
			7 7 1.7	22. VIOLENCE: If death was due to external cau		
17. burial Date thereof 7-7-17 (Burial, cremation, or removal, Which?) Cemelery or crematory Arlington National				Accident, suicide, or homicide		
Cemelery or crema	tory Arlin	gton N	ational	Where did injury occur?(City or town)	(County)	(State)
				Injured at home, farm, Industry, public place (wh	nere?)	
	W. Ernest		0 0 1 1 /	Means of Injury	Injured an work?	RIK
	2 U St., N.		1/	23. SIGNATURE P. R. ENG	LE, Car. (MC) U	SN
19					M, D.	7-1-47

REFITED for all managers is the same? JUL 21 1947

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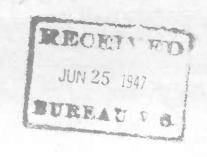
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Reg. Diat. No. 217

MARILAND STATE DELARIMENT OF HEAL

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3	SE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The cert	in the property of the position of dooth plantly of the property of the proper
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15 9.45-1	WRITE P	
TO.	E	1

/			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	State Mary land county Howard		
(If outside city or town limits, write RURAL and give nearest town)	M /		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Kosmital, Institution, or street address where death occurred:	Greet No. Cedar Lare		
The Montgomery County General 1735/1721	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	OWN		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white Married	20. DATE OF DEATH JUNE 12 1947 21/1:55P		
8.(b) Name of husband or wife Mo. Brotton Brown	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from		
7. Birth data of	and that I last saw here alive on James 12 1947.		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
43 10 20nrsmin.	Subatacheroed hemorrhage I days		
3. Birthalace Burnt Mills Montg. Co. Marylen	Oue to		
(Town, dounty, and state)	Essential hypertension syears		
10. Usual occupation Housewise	Oue to		
11. Industry or business			
12. Name Dam heizear	Other conditions		
13. Birthplace Maryland.	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operatioos.		
14. Malden name	major madings of operations		
Hospilal reprode	Antonay results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address / / 1/ 00 #7	22. VIOLENCE: if death was due to external causes, fill in the following;		
(Burlal, cremation, or removal. Which?) Bais thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Moreland Memorial Park	Where did injury occur?		
Batting and	injured al home, farm, industry, public place (where?)		
Location 2 District	Meana of injury Injured at work?		
1B. Funeral director.	2/ .		
Address Clienty Outy Mas	23 SIGNATURE Charles S. Whitake M.O.		
19 6-13. 1947 Sent though han	M. D. or other		
(Date rec'd by registrar) Registrar	Address Clark 5 Johle Maryland Date signed 6/13/47		



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL	RESIDENCE (I	HOME) OF DECEASED:
State	D.C.	County
City or town		shing ton y or town limits, write RURAL and give nearest town)
Street No	693 Main	Avenue, S.W.
		(If rural, give LOCATION)
- 1 - > + 1	The second second	

1. PLACE OF	DEATH:				
County	onrege	mery		- 3 \	
City or town	(NA 1.73	Bethesda	l (rur	RURAL and give nearest town)	
How long In above				toran and give heatest town,	
How long in above Hospital, institution	place of dea n. or street	athralla	ath occurred	d:	
				da, Md.	
				$1\frac{1}{2}$ days	
3. (a) FULL N					
(-,		F	BUCKLE	Y, Florence Estell	
4.600	1.5.0	Color or race		e, married, widowed, or divorced	
4. Sex	3. 0	OIOF OF FACE	0.(6)3/18/		
femal	a V	7-IIS		widowed	
2.01.1012					
6.(b) Name of hus	band or wit	le			
			6.(c) If alive, give ageyears	
7. Birth date of deceased (mo., o	day, yr.)	July 17.	1878		
	Years	Months	Days	If less than one day	
6	8	10	24	hrsmin.	
9. BirthplaceX 10. Usual occupation of the state of the state occupation of the state of the state of the state of the state occupation occu	ion ho	usewife	ounty, and	atste)	
12. Name William Cook dec-					
		ice Gree Washin	nwell gton,	D. C.	
16. Informantd	aught	er: Mrs.	Dori	s Tayman	
				. W., Wash., D.C.	
17b	urial	emoval. Which?)	Date ther	me tery	
		ington,			
		tavull F		1 Home PH.T.	
18. Funeral direc		Met X Malak H.	WINDT.	A. ALCARD	

MEDICAL CERTIFICATION

3. (b) Social Security Number

2D. DATE OF DEATH.	194. f, at
	7,10 11 June 19 47
and that I tast saw h. O.C	11 June 19 47
Immediate cause of death Cara fral	36 km
Due to Ayorkane Lea	
Due to	
Diher conditions	
(Include pregnancy within 3 mont	ths of death)
Major findings of operations	
Antopsy results	death should be charged statistically.
22. VIOLENCE: If death was due to external causes,	f." in the following;
Accident, suicide, or homicide	Date ot
Where did Injury occur?(City or town)	(County) (State)
tnjured at home, farm, industry, public place (where	?)
Means of Injury	Injured at work?
+ 1 touler	h

(Date rec'd by registrar)

WITH UNF

USNH Bethesda, Md.

... Date signed 6-12-47



13/0

2411 N. Charles St., Baltimore

U513

CERTIFICATE OF DEATH

Reg Diet No 216

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Portogons (County)	State
Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) 13 days How long in above place of death?	
How long in above place of death? 13 days	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
US Naval Hospital, Bethesda, Md.	Street No. 78 K Stag No. Wa. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
BURKHOLDER, Floyd Charles	3. (b) Social Security Number
4. Sex S. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH 8 June 19 47.21 7:05 Pm
6.(b) Name of husband or wife. Laura Burkholder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	27 May 19 47 to 8 June 1947
7, Birth data of Ontrology 70 7886	and that I last saw h im alive on 8 June 1947
7. Birth data of deceased (mo., 4ey, yr.) October 10, 1886	Immediate cause of death HEMORRHAGE, DURATION
8. AGE: Yeare Months Days If less than one day	CEREDELLUM and BRAIN STEM 15 HRS.
60 7 28hrsmin.	
9. Birthplace Virginia	Due to ARTERIOSCLEROSIS, GENERAL 9+400r.
9. Birthplace Virginia (Town, county, and state)	Due 10.
10. Usual occupation unknown	
	Due to.
11. Industry or business	H. Maracan and Description
E 12 Name Burkholder, Charles dec.	Other conditions HUPERTENSION, RECENT
13. Birthplace Va.	MYOCARDIAL IN FARCTS and ARTERIOLONEPHRO-
14. Maiden name BURKE, Jane dec.	
E 14. maigen name.	Major findings of operations
	Date of op.
16, Informant Wife: Mrs. Laura Burkholder	Autopoy results (As above)
Address 78 K St., N. W., Wash., D. C.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
11 burial Date thereof 6-11-17 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington National	
Cemetery or crematory ATTING OUT INDUCTION	Where did Injury occur? (City or town) (County) (State)
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harry L. Slye, Undertakers	Meana of Injury Injured at work?
	ATX Duch
Address 1009 HSt., N. W., Wash., D.C. 19. 6-9 19. 47 Mary Charlotte Smith	23. SIGNATURE J. B. BRYAN, Lt. (jg) (MC) USNR M. D. or other
6-9 .47 Mary Charlotte Smith	
19. Decistors	USNH Rethesda Md. Date street 6 0 1.7

WITH UNFADING INK. Supply every item of information carefully. The correspondent. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

RESERVED FOR BINDING

MARGIN

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BEADSIE ASID	OTT A PER	DEDADTREENT	OF	TITLA T TO
MARYLAND	SIAIL	DEPARTMENT	OF	HEALI

2411 N. Charles St., Baltimore

H 1570

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgornery	State Myaryland County Monte	***************************************
City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? SIVICE JUVIC 14, 1947	City or town	rest town)
Hospital, Institution, or street address where death occurred: SUBLIV BLIV HOSP 860001d George Lowy Rd. Bethesda Mil	(If rural, give LOCATION)	
	2.(a) If veteran, name war	
How long in hospital or institution?		N-1
3. (a) FULL NAME	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, manded, addenced, or diversed	MEDICAL CERTIFICATION	40
		* A
F	20. DATE OF DEATH. 6-29 19.47	, a1
6.(b) Name of husband or wife Single - Child	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
7. Birth date of years	and that I last saw halive on	18
deceased (mo., day, yr.) February 2, 1943	Immediate cause of death Levingingal Broncho	DURATION
8. AGE: Years Months Days It less than one day	Preumonia	2 days
4 4 17min.		
9. Birthplace Rockville Maryland (Town, county, and atate)	Due to	***************************************
10. Usual occupation VOVI = (a child)	Due 10.	
11. Industry or business		
= 12. Name EVYLOY 4 Dove (deceased)	Other conditions Hydrocephalus	3/2 YR:
12. Name EVVI ON H Dove decessed) 13. Birthplace Vivo vid	(Include pregnancy within 3 months of death)	
# 14. Maiden name Elizabeth Sivapson		
14. Maiden name Dizabeth Sivupson 15. Birthplace Kentucky	Major findings of operations.	•
18 Informant Hospt. Records	Autopsy results I SY YTL KIAL I SW OVICHO PREU	monia
0 - 1	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Bethesda, mary land	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial, cremation, of removat. Which?)	Accident, suicide, or homicide	
Cemetery or cremator, Darnes Town Cemetery	Where did injury occur?	(State)
Location Darnestown, Md.	injured at home, farm, industry, public place (where?)	
11mg de la Person Alexandre	Means of Injury Injured at work?	
1B. Funeral diseasor.	1 0140 014	ma
Address Machiela, MA	23. SIGNATURE SIE WW E. SIE JAWWY	or other
19. 6/30 19.47 Mr & John Polistrar)	Address Subanban HOSP- Date signed.	6/30/47
		*



MARYLAND STATE DEPARTMENT OF HEALTH

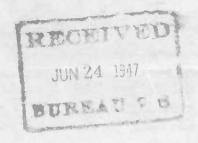
2411 N. Churles St., Baltimore

129

CERTIFICATE OF DEATH

U5134 Reg. Dlat. No. 2/7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)	
City or town. (If outside city or town limit, write RURAL and give nearest town)	State Maryland county Montgomery	•••••
How long In above place of death?	City or town	(n)
Hospital, Institution, or street address, where death occurred: The Montgamery Caunty Qeneral Haspital du	Street No	
How long in hospital or institution?	2.(a) It veteran, name war	*********
3. (a) FULL NAME	3. (b) Social Security Number	r
Mr. William Arthur Car	r	
4. Sex MALE 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Married.	20. DATE OF DEATH JUNE 3 1947 at /	:30 A M
6.(b) Name of husband or wife. M15. Katharyn E. Carr.	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from May 28 19.47 to June 3	n
7. Birth date of	and that I last saw h Kron. alive on Jame 13	
deceased (mo., day, yr.) actober 13, 1898		URATION
8. AGE: Years Months Days If less than one day	4	
48 7 20hrsmin.	mesentery thrombosis	6 days
9. Birthplace Washington (Town, county, and state)	Due to.	21
10. Usual occupation Builder	Geneval paritomitis	.J.d. Augs
11. Industry or business	Due to	
12. Name Prthur Carr 13. Birthplace England.	Diher conditions Exploratory Laparatemy	
14 Moiden name Frank Rose Otiver	(Include pregnancy within 5 months of death)	
E 14. Maidell Hallice	Major findings of operations See above	
	Date of op. 3777	
18. Informant Hosp. tal records	Autopsy results	alty.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or remagal, Which?) (Burial, cremation, or remagal, Which?)	Accident, suicide, or homicide	
Cemetery or crassing St. John Epter pal	Where did injury occur?	
Olay, maryland	Injured at home, tarm, industry, public place (where?)	
Water & Frenches	Massa of Injury Injured at work?	
18. Funeral director	(mass	
Address Selver Spring, The	23. SIGNATURE M. D. or other	***************************************
19. Skine 4 19.47 Destrudes parole	6 6 500	



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		See	1	- 17

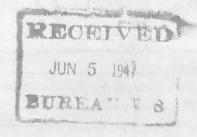
CERTIFICATE OF DEATH

//v	
1. PLACE OF DEATH: County M.O. M. G. M.E. M. City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or fown. (If gothide city or town limits, write RURAL and give nearest town) Street No. 3.00 E 3.00 (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Donald T. Caton	3. (b) Social Security Number
Male white 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 2 1947, 21.7 A.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Month Days If less than one day 35	Inter Therasis hemorkage 40 mm
10. Usual occupation	Due to
14. Maiden name Jua Mae Dungal 15. Birthplace Pa	(Include pregnancy within 8 months of death) Major fiadings of operations
Address 17. Bate thereof. (month) (day) (year)	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 1f death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Erapour Par 18. Funeral director. W. Chambers	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury and assume injured at work?
18. 6/2 1947 May E. Jolean	23. SIGNATURE M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15



CERTIFICATE OF DEATH

05136

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Monday for the formatty	
ity or rown Lashen Wal III- De Taithers	was State Magfayl County Market and
(If outside city or town limits, write Renal, and give nearest town)	Elly of the control o
ow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, Institution, or street address where death occurred	Street No.
	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles W. Cladett	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
me o a o massifer	Fol 10 630 G
Tale col fline	20. DATE DF DEATH 19.7 at 19.7
mallie Cloud	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Trans 29 19 47, 10 June 5- 19 47
7. Birth date of	and that I last saw here alive on
deceased (mo., day, yr.) May 31 - 1878	Immediate causa of death.
8. AGE: Years Mooths Days If less than one day	acute Lobar Presumona & days
109 0 3 - mrs.	
2000111	
9. Birthplace 2 (Lewn, county, and state)	Due to
4.1	
1D. Usual occupation	Due to
1. Industry or business of arms	
12. Name Charles Charles	Bither conditions 200
12. Name Massey Marie 13. Birthplace 24/0/	
	(Include pregnancy within 3 months of death)
14. Maiden na de de la	Major findings of operations
15, Birthplace M. S.	Date of op.
of the lant.	7-0 / utolsu
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Laffursam In	22. VIOLENCE: If death was due to external causes, till in the tollowing:
Bedeal mitter fine 7-13	7 4 / 1
(Burial, eremation, or removal, Which?) (month) (day) (year	.11
Cemetery or cromptory Oscope Trove no	Where did injury occur?
al It is the red	Injured at home, tarm, Industry, public place (where?)
Location	Means of tinjury Injured at work?
18. Funeral director of Marchael Santa	magne of trijer)
Address of thomswill man	6
Medicas X and Market Ma	23. SIGNATURE Sman It Dycon M. D. or other
10 6/0 15/ 1 Will	
(Date rec'd by registrar) Reg	ristrar Address Bate signed Day Love public Production Bate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15 PLEASE WRITE PLAINLY, WIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1) (5137 Reg. Dist. No. 2167

1. PLACE OF DEATH: Montgomery					
3. (a) FULL NAME					
COCKRELL, Samuel Wootton	3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male W-US widowed	20. DATE OF DEATH. JUNE 10 19 17 21 10:15A				
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 May 19 47 to 10 June 19 47 and that I last saw h. im. alive on 10 June 19 47.				
8. AGE: YEARS Months Days If less than one day	Immediais cause of death and undermine Grancho pollumonia 3 weeks				
9. BirthplaceVa. (Town, county, and state) 10. Usual occupation Retired Conductor 11. Industry or business Railroad	Due to Stimung site of Carounous : Broncho ensie Due to Stista of Carounous : Broncho ensie Stista of Carounous : Broncho ensie				
12. Name COCKRELL, Samuel dec. 13. Birthplace S. C.	Diher conditions				
14. Maiden name McCABE, Flizabath dec. 15. Birthplace Va. 18. Informant brother: Mr. SelwynCockrell	(Include pregnancy within 8 months of death) Major findings of operations Date of op Autopsy results Adams Canaira and the Alarmana preumations				
Address 812 20th St., N.W., Wash., D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
17. burial Date thereof 6-12-17 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide				
Cemetery or crematory GlennWood ·	Where did injury occur?				
Location Washington, D. C.	înjured at home, farm, îndustry, pub ^{ti} c place (where?)				
18. Funeral director. W. W. CHAMBERS J. T.	Msens of Injury Injured at work?				
Address Georgetown, D. C.	23. SIGNATURE P. R. ENGLO, Cdr. (MC) USN M. D. oz othog				
19. 6-10 19. 47 Mary Charlotte Smith (Date rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other 47				



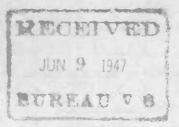
2411 N. Charles St., Baltimore

164 as

CERTIFICATE OF DEATH

U5138 Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mortgomory	(For newborn infants give residence of mother)
City or town	state Maxyland county Montgomexy
(If outside city of town sinites, write Agreed and give nearest town)	City or town
How long In above place of death?	
16 Eussey Road	Street No. 16 Sussay Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
E. a. a Collier	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
(Malo white maxied	1
	20. DATE OF DEATH
8.(b) Marrie of Austral or Wife Lauxette S. Collier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of	and that jast saw halive on
deceased (mo., day, yr.) Sept. 24, 1898	Immediate cause of death
8. AGE: Years Months Days If less than one day	asphysica by strangulation Ingl
48 8 10nrsmin.	There was a dead
9. Birthplace	Due to
(10wn, county, and searce)	
10. Usual occupation aset Dixactor Statistical	Bue to
	ora.
# 12. Name Pour wm of Collier	Dither conditions
13. Birthplace Jones.	
	(Include pregnancy within 3 months of death)
# 14. Maiden name Rhada M. Onderson	Major fiodings of operations
15. Birthplace Jam.	Date of op.
15, Informant Mrs Rauxotto S. Collier	
Tot intollinant the same and the same an	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 16 Supray Pd., Silver Spring,	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Comonth (day) (year)	Accident, aulcide, or homicide.
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Compleyer crematory Codary Theo.	Where did injury occur? (City or town) (County) (State)
Location Suitland, and	Injured at home, farm, Induatry, public place (where?)
	Meana of injury hanging Injured at work?
ID. Familiar director	2 1. 1. Bronshart M. J.
Address Silver Spring, Md.	23. SIGNATURE SECOND
Que C Washerm Achoesto	M. D. or other
19. Orate rec'd by registrar Registrar	Address Jan Halles have Jan of Date signed Can San Hand



2411 N. Charles St., Baltimore

460

CERTIFICATE OF DEATH

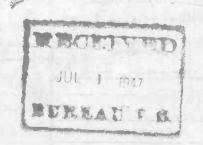
05139 Rog. Dist. No. 214

/	
1. PLACE OF DEATH: MOUT Somery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town 122 Phil 2 de Phil Ave Tacoma PK, (If outside city or town limits, write RURAL and give nearest town)	State Maryland County mont gomerx
(If outside city or town limits, write RURAL and give nearest town)	City or town. 11 outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	100 Whila Jatohia Ave
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lange Baker - Crothers	3. (b) Social Security Number
4. Sss 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Married.	20. DATE OF BEATH ALL 29 19 4.7 of 2: 45 P
10 11 0 11 1	21. I CERTIFY that death occurred on the date above stated; that I nitended deceased from
8.(b) Name of husband or wife	28 19 46 to huma 29 19 47
7. Birth date of	and that I last saw h. Line alive on frame 29 19 47
deceased (mo., day, yr.) March. 2. 1884	Immediate cause of death DURAYION
8. AGE: Years Months Days If less than one day	un tastatio Carenous 140.
63 % 3 37nrsnrs.	of line
9. Birthplace Kanas	Due la carcinama of signaid 22 yrs.
9. Birthplace	
10. Usual occupation the of the taraf	Rué to.
11. Industry or business American . U.	ab
	Other conditions
	OTHER CONTINUES
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace / Canaa	Date of op.
15. Informant Mrs Ruth a. Huchnut	Autopsy results.
Address 122- Phila auf.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0.0.1.0.1.	22. VfOLENCE: If death was due to external causes, fill in the following:
17 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. GRAQ Itul	Where did Injury occur?
Location On Sav-Co - D.	lojured at home, farm, industry, public place (where?)
111.01.1.0	Moans of Injury Injured at work?
18. Funeral director W. W. Charactellas	12 8 1
Address 1400 - Chaper St. M. le.	23. SIGNATURE /9 4 A CONTROL OF THE
Description of Double to Achan	M. D. or other
Oate rec'd by registrar)	Hadress 7852 16 2 DB C Date signed 6/27/47
	wood O.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ortage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

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05140

CERTIFICATE OF DEATH

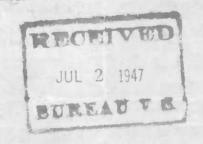
the correct age

PLEASE WRITE PLAINLY, WITH TWEADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and leg

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 216

1. PLACE OF DEATH: county ontromery Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Glen Lcho Heights, Marvland	State Maryland County Montgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town Glen cho Heights Md. (If guteide city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 6908 Waukeska Rd.	Street No. 6908 Wlankisha Rd.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(d) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles a. Curt	577-26-1516
4. Sex MALE 5. Cotor or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
6(h) Name of husband or wife Gladys D. Curtis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that I last saw h. alive on 19
deceased (mo., day, yr.) August 18, 1904	Immediair cause of death
8. AGE: Years Months Days It less than one day	amendate came of occurrence
42 10 5hrsmin.	Cormany decliner
9. Birthplace Virginia (Town, county, and atate)	Due to.
(Town, county, and atate)	
10. Usual occupation Mechanic- Bond Bakery	Bue to.
11. Industry or business	
≝ 12 Name Clarence Curtis	Dther conditions
12. Name Clarence Curtis 13. Birthplace Virginia	
	(Include pregnancy within 3 months of death)
14. Maiden name Florence Young 15. Birthplace Virginia	Major findings of operations.
¥ 15. Birthplace Virginia	
16. Informant Mrs. Della Miller	Autopsy results
Address 5515 Greenway Dr. Greenacres	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17. Burial Date Ihereot 6/25/47 (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Potomac Church Cemetery	Where did Injury occur?
Location Potomac, Naryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Wor Leuken Tumphrey	Means of Injury Injured at work?
Address Bethesda, Maryland	Thank & Browhart M. J.
numers of the state of the stat	23. SIGNATURE M. D. or other
19. 6/2 4/19 47 746 6 00 Co	Address Gartherland med Bate signed 6-23-x7



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

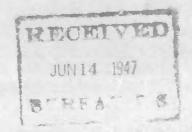
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05141

CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Quet orney	1.
(If outside city or town limits, write RURAL and give nearest town)	State Many County Manual Count
How long in above place of death?	(if outside city or town minute, write RURAL and give nearest town)
How long in above place of death?	(If outside city of towarmits, write RORAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Eliza and Day	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 0 000	1
Jennole Col Westowed	20. DATE DF DEATH 2 19.4. 2 21
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	and that I last saw h alive on 19.
deceased (mo., day, yr.) /8 64 - may 3.	Immediate cause of death
8. AGE: Years Months Days if less than one day	
83 / 7hrsmin.	
9. Birthplace 221 aylas	Due to
9. Sirthplace (Town, county, and state)	Due to.
10. Usual occupation.	
	Due to
11. Industry or business	
E 12. Name	Other conditions
12. Name 12.	(Include pregnancy within 3 months of death)
14. Malden name Bets Crassing	
T4. maine maine V.	Major findings of operations
X 15. Birthplace M difland	Date of op.
16. Informant Marshall Way	Aotopsy results.
Addres Clarkesburg Breaf	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address Carperter	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
16.111.1	
Cemetery or crematory further	Where did injury occur?
Location Constanting Fresh	Injured at home, tarm, industry, public place (where?)
18. Funeral director Both M Barber	Means of Injury injured at work?
Address X af Honsville my	Thank J. Brownart M. J
0 tis un al 1/40 be	23. SIGNATURE M. D. or other
Date rec'd by registrar) Registrar	Address Jaithus by me Date signed 6-12-4



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CERTI

N. Charles St	t., Balt	imore 48%	
FICATE	OF	DEATH	Rog. Dist. No 2.16

න ආ ර	2411 N. Charle	es St., Baltimore
	. CERTIFICAT	TE OF DEATH Reg. Dist. No. 216
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give learest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
cion 1 cle	How long in hospital or institution?	2.(a) If veieran, name war
ormat death	3. (a) FULL NAME	3. (b) Social Security Number
INDING item of	4. Sex 5. Color, or race 8. (2) Single married, Wildwed, or divorced March March March March 6. (b) Name of husband or wife Wellings March Data March	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
FOR sly eve write	7. Dirth date of deceased (mo., day, yr.) 11. 11. 2 3 19. 3 19. 3 8. AGE: Year Months Days If less than one day hrs. min.	and that I last saw how alive on grand 1. 1947 Immediate cause of death DURATION Chresona Grand One My Melustanis to
MARGIN RESERVED NFADING INK. Support. Physicians: please	9. Birthplace	Due to Du
WITH U importa	13. 8 Irthplace 14. Maiden name Margarett Paragraph 15. 8 Irthplace 16. Informan Mas Audrey Sciales	Major findings of operations and support of the sup
PLAINLY, is especially	Address 310 Walface Rd. 17 Rurial (Burlal, cremation, or removal, Which?) Dale thereof June 9th 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
9.45.1	Cemelery or crematory. Cedar Hill Cemetery Location Suitland Ed. Nd. Chung Chane Tune Home	Where did injury occur?
S A15 LEASE	18. Funeral director	23. SIGNATURE PRopland M. D. orpher
17/47	19. (Date seed by dregistrar)	Address 4901 Mass due IV pale signed 6-6-47

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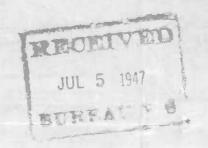
The deceused was a patient in Tarfield Haypital from Jan. until May 23. 1947. She had a let of I Ray therapy white there but steadily down shill. X. Ray of chest revealed a lesion in night chest probably metastalie ni origini. I saw her for the first true le duys ago. yesterday I studied The cleant at Larfield Harpital. I talked to Dr Brochart at Faithersbury this manning telling him the whole story. He admired me to sign this certificate of Phylacid M.D. 6-6-47 JUN 17 41947 BUREAU VS. Try mindergraphical of the a lead Bullioneding til

96	2411 N. Charle	lea St., Baltimore 940
W eet	CERTIFICAT	TE OF DEATH Reg. Dist. No. 2/8
on carefully. The correlarly and legibly	City or town. (If outside for town in the Court of the Research of the Researc	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
on c	How long in hospital or institution?	2.(a) If veteran, name war
death	3. (a) FULL NAME	3. (b) Social Security Number
of inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 30 19 97 21 915P
ry if	6.(b) Name of husband or wife my Swall (Decene) 6.(c) If alive, give age years	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
rite	7. Birth date of deceased (mo., day, yr.) Luknown 1895	and that I last saw h alive on
Supply eve	8. AGE: Years Months Days If less than one day	Caronary Thrombasses
ADING INK Physicians:	9. Birthplace (Town, cours) and atate) 10. Usual occupation Tarmer	Due to
IT.	11. Industry or business 12. Name Property Aurall	Other conditions.
WITH UNI	13. Birthplace / Marvelle, 12. Malden name Maria	(Include pregnancy within 3 months of death) Major findings of operations.
	15. Birthplace Cunknown Balson	Antippsy results
PLAINLY, is especially	Burial, cremation, or removal, Which (month) (day) (year)	22_ VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
RITE 1	Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
SEW	18. Funeral director. The Washington	Means of Injury Injured at work?
PLE	19. Address 1941 Address Registrar Registrar	23. SIGNATURE M. D. or osher Address Date signed MANA 30/

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)



* * * * *

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05144

CERTIFICATE OF DEATH

eg, Diat. No. 216

1. PLACE OF DEATH: County Mont gomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town	and give nearest town)	City or town Be the sda				
How long in above place of death? 19 years		City or town Bethesda (If outside city or town limits, write RURAL and give neare	atside city or town limits, write RURAL and give nearest town)			
Nospital, Institution, or street address where death occurred:		Street No. 4818 Del Ray Avenue	400000000000000000000000000000000000000			
4818 Del Ray Avenue		(If rurel, give LOCATION)				
How long in hospital or institution?		2.(a) tf veteran, name war	••••••			
3. (a) FULL NAME		3. (b) Social Security No	ımber			
	CKENRODE	None	10			
4. Sex 5. Color or race 6.(a) Single, married	l, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Marrie	d	20. DATE DF DEATH June 3, 19. 47,	3:50P.			
6.(b) Name of husband or wite Mack	***************************************	21. I CERTIFY that death occurred on the date above etated; that attended decease				
		MAY 15 ,1047, 10 JUNE 3	19.4.7			
7. Birth date of	, give ageyears	and that I last saw h E.Q. alive on JUNE 3	19.4.7			
deceased (mo., day, yr.) May 12, 1880		Immediate cause of death CARDIAC DECOMPENSA-	DURATION			
o, AGE.	ss than one day	TION WITH PULMONARY	1 YEAR			
67 22	hrs,min,	CONGESTION				
a Blotheless Mont gomery Co., Md.		Due D HYPERTENSIVE HEART				
9. Birthplace Mont somery Co Md . (Town, county, and atate)		DISEASE WITH MARKED CARDIAC FILARE				
1D. Usual occupation Housewife		Due D ARTERIOSCLEROTIC HEART				
11. Industry or business Own Home		DISEASE WITH CORDNALY SCLEROS				
置 12. Name Edward Ccoley		Dither conditions				
13. Birthplace Montgomery Co., Md						
14. Maiden name. Louise Austin 15. Birthplace Montgomery Co., 16. Informant. Mr. Mack Eckenrode		(Include pregnency within 3 months of death)				
\$ 15. Birthplace Montgomery Co.,	Md.					
16. Informant Mr. Mack Eckenrode		Autopsy results. home				
II		PHYSICIAN: Ptease underline the cause to which death should be charged sta	tistically.			
Address 4818 Del Ray Ave., F	1 - 1	22. VIOLENCE: If death was due to external causes, fill in the tollowing:				
(Burial, cremation, or removal. Which?)	6/7/1 ₄ 7 (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Mt. Olivet		Where did injury occur? (City or town) (County)				
Location Fredrick, Maryland		Injured at home, tarm, Industry, public place (where?)	***************************************			
18. Funeral director LL Roubres Tes	uchrey	Meene of Injury Injured at work?				
Address 7557 Wisconsin Ave,	Bethesda,	Ma. We A le Co o hu	. 6.			
7/4	FID	23. SIGNATURE. M. D. pr	other			
19. (Date rec'd by registrer)	Registrar	Address Rothesda, Und. nate stoned to	me 4,1947			

JUN 6 1947
BUREAU V 8

2411 N. Charles St., Baltimore

9400

05146

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Count City of How I Hospi	town. Chevy Chase (If outside city or town limits, write RURAL and give nearest town) Ing in above place of death?			State	DENCE (HOME) infants give realdence land hevy Chas outside city or town li Taylor S (If rural, g e war. None	County	nd give neare	eat town)	
3. (6	a) FULL NAMI		MES ALLEN EVA	ANS			3. (b) Social	Security N	umber
4. Se	ale	5. Color or race White	6.(a)Single, married, widowed, of Married	or divorced	20. DATE DF DEATH		CERTIFICAT		11/
7. Bi) Name of husband irth date of eceased (mo., day, y		Roselle Evan: 6.(e) It alive, give age ber 18, 1863	3 yeare	21. I CERTIEV that de	eath occurred on the date	above stated; that I at	tended deceae	eed from
	AGE: Years	Months	Days It less than one 4hrs.	daymin.	Immediate cause of		7	Ø/	ulden
TO. 1	Usual occupation todustry or business 12. NameS.C. 13. Birtholace	ept. Agr U.S. Go th Evans	Kenticky		Due to Due to Dthey, unabliane	afactus his	months of death)		13 days
18.1	15. Birthplace	Sarah M. Jenw. Vesley Bu Kingsto	chanan n Rd.		Major findings of op	paderline the cause to	Date o	be charged at	
Lo			Dale thereof. June (month) (coln Cem		Accident, suicide, or Where did injury occ	homicideur?(City or tow n, Industry, public place	vn) (Count	ite oty)	(State)
19,	ddress 2-90 6/2 (Date ec'd by rea	3 18 4 7 Ristrar)	at nu	O Coo	23. SIGNATURE	Com. 4	nie bog	J. D. or	1.0. other 6.23.47

Becased sabat to august attach for many year. Central varouter account (central humonlage) account 6.9.47. Recovery of function about complete on 6.23.47. Consisten good. It some fatdeath recurred suddenly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

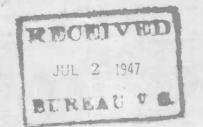
93d

CERTIFICATE OF DEATH

05147 Reg. Dist. No. 2//

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	~			Montroment . Montroment			
City or town(If outsi	de city or town li	mits, write R	JRAL and give nearest town)				
How long in above place of d	eath? A7	1 1.00	71fa	City or town(If outside city or town limits	, write RURAL and give nea	rest town)	
Hospital, Institution, or stre				Street No			
			115, 114,	(If rural, give			
How long in hospital or inst	litution?	***************************************		2.(a) If veteran, name war	***************************************		
3. (a) FULL NAME					3. (b) Social Security	Number	
Alc	inda Fa	eirchi	ld		None		
	Color or race		, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Female	White		idowed	20. DATE DE DEATH June 26	10 47	48:30A M	
,	141 7 1	13	13. 4. 1. 1. 2. 3	21. I CERTIFY that death occurred on the date abo			
			Roinchild.	May 264			
7. Birth date of	A.1	6.(c) It alive, give ageyear	and that I last saw h.C.P. alive on			
deceased (mo., day, yr.)	Jerner	ew 11,	1275	Immediate cause of death Congesti		DURATION	
8. AGE: Years	Months	Days	If less than one day	failure	545 PG 1 5 PG 7 5 5 5 4 44 444 PG 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	l mo.	
/3	9	15	hrsmln.		12 002 00 000 00 10 10 10 10 10 10 10 10 10 10		
Mont	comery	Count	v. 16.	Due to Arteriosclerot	tic heart		
9. Birthplace Montgomery County, Md. (Town, county, and state)		disease		10 yrs			
10. Usual occupation	al occupation			Due to.			
11. Industry or business	None		4.2	Due tu			
	Pro E.	Wand		Other conditions Generalized	arterioscl	er-	
	Marylan						
A N	,			OSIS (Include pregnancy within 3 n	nonths of death)		
				Major findings of operations	***********************		
	ווימפין				Date of op		
16. Informant	io Ma	Teirch	-17.d	Autopsy results			
Address Dame	sous, I	'aryla	nd	PHYSICIAN: Please underline the cause to wh		statisticany.	
17 Runial		Date Abase	of June 28, 702	22. VIOLENCE: If death was due to external cau			
(Burial, cremation, or	removal, Which?) Date there	of Tune 28, 104 (month) (day) (year)	Accident, Suicide, of nomicide			
Cemetery or crematory	Cemet	2777	***************************************	Where did injury occur?	(Connty)	(State)	
Location	Damage	cus. M	aryland	Injured at home, farm, industry, public place (wi	here?)		
				to an a	Injured at work?		
			AT				
Address	Leyton	nsvill	e, Id.	23. SIGHATURE Palston 4.	adamo,	ma.	
La Chano 2	8 1945	11)	oWall wall		м. D.		
19	19	()(Registre	Demoscus. Md.	Date stened	6-27-47	





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MARYLAND STATE DEPARTMENT OF HEALTH

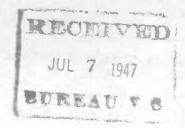
2411 N. Charles St., Baltimore

9400

05148

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
James D. Federline	3. (b) Social Security Number
4. Str. S. Color or race B.(a) Single, married, widowed, or divorced waries 6.(b) Name of hueband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of	and that I last eaw h alive on Jan. 47 19 42
8. AGE: Years Months Days if less than one day 4 5 8	DURATION Le man Throatonin 3 Lugg. Due to Be latinal Poly in the Richery June 19
1D. Usual occupation	Bue to Bither conditions Jupes from 4 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2
13. Birthplace Leesburg Verginie 14. Malden name Ostaha P. Rele 15. Birthplace Washington D.C.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Addrese 334 Sarland are Takoma PK. Mid.	Autopsy results
17. Date thereof. (month) (day) (year) Cemetery or crematory. Care thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location ————————————————————————————————————	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?
Address 19. Jenn OU 19. The Registrar (Date rec'd by registrar) Registrar	23. SIGNATURE Survey, Serio Serios M.D. or other Address Setherda 14, Med Date signed 6/29/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U514.1 Reg. Dist. No. 214

1. PLACE OF DEATH: Montagning	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
600110	State Mangley County Monty
(If outside city or town limits, write RURAL and give nearest town)	11-1-1 2/
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	(7722 Call - 60 01)
8722 Colesialle Rol	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William P. Fergus	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m u manail	1
manus manus	2D. DATE OF DEATH. 23. P. M
6,(b) Name of husband or wife Management Language	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) / ST / ST 873	Immediais cause of death DURATION
8. AGE: Years Months Days It less than ooe day	
73 7 1hrsmin.	Carta Cardias Arletatin 12 ta.
9. Birthpiace What has place	Due to
9. Birthpiace (Town, county, and state)	Chowin heart decease 14.
10. Usual occupation Meland Total lands	
	Due to
11. Industry or business	
12. Name then the server with	Dther conditions
13. Birthplace / Wisson A.	(Include pregnancy within 3 months of death)
# 14. Maiden name Mallio Scatt	(Include pregnancy within 3 months of death)
HE 14. Maiden name	Major findings of operations.
≥ 15. Birthptace	Date of op.
18. Information I Mrs 111. U + Liquis Vi	Antopsy results
1 100 m 1 1 10 0 0 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Daily thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cash DC	Injured at home, farm, industry, public place (where?)
Mitlan Hill to	Msans of Injury injured at work?
18. Funeral director	1 11 13 -1 1 11:
Address 5752 Ha Cere VICE	23. SIGNATURE
On 11/2 162 Yourline Schaller	M, D. or other
19. Pate rec'd by registrar) Referrar	Address Date signed La La Z

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1947

BUREAU V 8

2411

Tr. Charles St., Dartiniore	1	N.	Charles	St.,	Baltimore		1
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CERTIFICATE OF DEATH

/1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County March Guginery	(For newborn infants rive residence of mother)
City or town. (If outside city or town limits, wrige RURAL and give nearest town)	State Maryland county Montgamens
,	City or town (If outside city or town limits, write KURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
10725 Care and Sel String	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME VICTOM A F	RAN (3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule white murried	20, DATE OF DEATH / Clave 21 19 7 10 A M
Ch Ham of husband or wife Auserhine Steller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	MILLAND 47 XIAMO H 4
	197 10 19
7. Birth date of deceased (mo., day, yr.) Tele. 6th 1873	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
	alite Cardine -
/9hrsmin.	Aueluro
9. Birthplace (Towns, county, and state)	Due to Dephrits'
10. Usual occupation.	***************************************
	Due to
11. Industry or business	
12. Name Supply Street	Other conditions
X 13. Birthplace	
El Superly of States	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
15. Birthplace	Date of op.
16. Informant Victor Trump	Autopsy results.
1. main on Parkil Stand	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 15725 - Da. We. Sil syring	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Remaral + Date thereof June 34, 194)	Accident, eulcide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location met Oliviet	Injured at home, farm, industry, public place (where?)
34 (291.1)	Means of Injury Injured at work?
18. Funeral director July W. Alexander	11 4/ 1
Address 641 24 1. E	The darroy
6/0/ 4/- 1/- 4/-	23. SIGNATURE M. D. or other
19. 19 / Septem Mythere	1 1346 out and le 121/4

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O PLEASE WRIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Diat. No.

05151 No. 216

1. PLACE OF DEATH J County Montgomery Eity or town Bethesda (rural)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. D. C. County.		
1100	ustaide situ or town 1	imita write RI	JRAL and give nearest town)	We shi so show		
Now lobe in above place	of death?	o days		(If outside city or town limit	s, write RURAL and give near	est town)
Hospital, Institution, or U. S. Nav	street address where	death occurred:	needs Md	Street No. 127 C Street, No.	rtheast	
U. D. Hav	ar nospro	TT DO 0	nesua, mu,	(If rural, give	LOCATION)	
How long in hospital or	institution?	days		2.(a) It veteran, name war. World	war 1	<i>L</i>
3. (a) FULL NAM	Ē				3. (b) Social Security N	lumber
	FRIEND.	Willia	am Lawrence			
4. Sex	6. Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white		single	20. DATE OF DEATH 1 June		at 10:15P
				21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husband				5-26-		
7 Bish data ad) If allve, give ageyears	and that I last saw h im alive on 6-	1-	19. 47
deceased (mo., day,)	m) 11 Apri	1891		Immediate cause of death CORO	VARY	DURATION
8. AGE: Years	Months	Days	It less than one day	THRO!	M BOS15	12 hour
56	1	21				
	Pennsylvar	ท่ล		Oue to CORDNARY AR	TERY	***************************************
9. Birthplace	(Town,	eounty, and s	tate)	DISEASE, ARTERI	OSCLEROTIC	1 year
10. Usual occupation Librarian				/		
11. Industry or busines	Librar	y of Co	ngress	Ouo to		***************************************
				Dther conditions		
William Friend, dec. 12. Name William Friend, dec. 13. Birthplace West Virginia						
14. Maiden name Bessie Griffin 15. Birthplace Treland, dec.				(Include pregnancy within 3	months of death)	
14. Maiden name.				Major findings of operations.		
15. Birthplace	Ireland,	dec.	•		Date of op	
16. Interment Sister: Mrs. Laura M. Flynn			M. Flynn	Autopsy results NOT GRANT	ED BY FAMIL	4
			Phila., Pa.	PHYSICIAN: Please underline the cause to w	hich death should be charged s	tatistically.
				22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
Burial (Burial, cremation, or removal. Which?) Burial (Burial, cremation, or removal. Which?)			(month) (day) (year)	Accident, suicide, or homicide,	Dato ot	
Cemetery or crematory Arlington National			onal.	Where did injury occur?(City or town)		(State)
Cemetery or crematory Arlington, Va.						(State)
				Injured at home, farm, Industry, public place (w		
18. Funeral director	W.W. CHAL	BERS -	E M	Means of Injury	injured at work?	
			Riverdale, Md.	I.B. BRYAN	LTJG MC USNR	
204		70.	el ett.	1/4. SIGNATURE.	M. D. o	rother
19. (Date rec') by re	gistrsr) 19/.	rna	Registrar	Address USNH, Bethesda,	EMC. Date signed	6-2-47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			018
Reg.	Diat.	No.	218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County July washing	marule marter
City or town (If outside city or town limits, write RURAL and give hearest town)	Che I a a a
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospitat or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Robert Lee S	Say. 3. (b) Social Security Number
4. Ser 5. Color ox race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married.	20. DATE OF DEATH . 9 19.47 , al. 8:00 P:
Garage Many	21. I CERTIFY that death occurred on the date above stated; that a stended deceased from
8.(b) Name of husband or wife.	November 13 1945 10 from 9 1947
7. Birth date of	and that I last saw h // alive on
deceased (mo., day, yr.) Alcember 20, 1810	Immediais cause of death anteriospoleratio cardio - OURATION
8. AGE: Years Months Days It less than one day	vascular distant 15 years
hrsmin.	1
9. Birtholace Mary Cand	Due to
(Town, county, and atate)	
10. Usual occupation. # asmeter	Due to
11. Industry or business	
H 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
S 15. Birtholace	major manage at operaturation. Date of op.
Constitution of the same	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Clack Store 12 1211	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) [Burial, cremation, or removal Which?]	Accident, suicide, or homicide
Cemetery or crematory Lacky Helly	Where did Injury occur?
Clarkoles & med.	Injured at home, farm, Industry, public place (where?)
Location Control Control	Means of Injury Injured at work?
16. Funeral director discountry discountry	
Address Rock welle, mid	James J. Kenr W. W
0. 13 117 (Part) 24 /Dah	23. SIGNATURE M. D. or other
Date rec'd by registrar)	Address Damasun, Md. Date signed 6 / 11/8
1— V	

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PLEASE



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

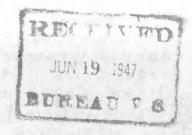
05153

CERTIFICATE OF DEATH

Reg. Diat. No. 514

940

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 200 xx + goxnery	State Mary land county Prince Searge
City or town (if outside city or town limits) write RURAL and give nearest town)	
How long in above place of death??	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4008 Ingraham St.
13 to RR. Station	(If rural give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. World War
3. (a) FULL NAME	3. (b) Social Security Number
Gregory. Jesse Elwood	
4. Sex 5. Colfr or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married Divorced	0
	The second secon
6.(b) Name of husband or wife. Vree land Cox	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Depart Enter to 10
7. Birth date of deceased (mo., day, yr.) 2 - 27 - 1897	and that I last saw h
8. AGE: Years Months Days If less than one day	Immedia: cause of death DURATION
50 3 25min.	Connection
	and any valley and and and
9. Birthplace Frederick County Va. (Town, county, and atate)	Due Io.
10. Usual occupation Fireman	
11. Industry or business D. C. Fire Dept.	Due to
	Bither conditions.
12. Name John J. Grevory John New York	
	(Include pregnancy within 3 months of death)
14. Malden name Mary Catherine Light 15. Birthplace Warren County, Va.	Major fiadings of operations.
2 15. Birthplace Warl'en County, Va.	Date of op.
16. Informant John Lawrence Gregory	Antopsy results.
Address Stephen's City, Va. 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date Ihereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory City Cemetery.	Where did injury occur?
Location Stephens City, Virginia	Injured at home, farm, industry, public place (where?)
Location N. T. U.S.	Means of Injury Injured at work?
18. Funeral director	Frank J. Broschart M. J.
Address 1300 - N St. N.W. (Wash. D. 6.	C it . 1
6/17 47 Que et 7. Online et	23. SIGNATURE M. D. or other
(Date/rec'd bytregistrar)	Raddress danthu (Date signed 6-16-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County Montgomery City or town Layton sville MD Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 64 Yers Hospital, institution, or street address where death occurred:				(If outside city or town lin Street No	county	earest town)
	or Institution?	***************************************		2.(a) If veteran, name war		
3. (a) FULL NAM	Jeffr		gruder Griffi	th	3. (b) Social Security	Number
4. Sex	5. Color or race	1	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	N	larried	20. DATE OF DEATH LUNE 15	1942	1 6:00 P: N
6.(b) Name of husband 7. Birth date of deceased (mo., day.	N	lian 	Neel Griffith c) If alive, give ageyears 882	21. I CERTIFY that death occurred on the date	above stated; that I attended decision 1941 to will 1.54.	19 47
8. AGE: Yea 64		Days	If less than one dayhrsmin.	Immediate Case of weath		codays:
9. Birthplace	Maryland Reti ^{Tr} ed	ounty, and	state) armer	Due forterisselevotie car	dirossulas	1091000
11. Industry or busine	For	m		Due 10		••••••••••••••••••••••••
12. Name	Willia		Griffith	Dither conditions Brownian a	allima	154000
And the second s		lla G	riffith	(Include pregnancy within	•••••	
18, Intermant	Lillia	n Ne	el Griffith	Autopsy results		d statistically.
(Burial, crematic	Gaith urial on, or removal. Which?) Neelsv	Date ther	of June 17.19 (month) (day) (year)	22. VIOLENCE: If death was due to external	causes, fill in the following;	***************************************
Location	Montgo	12	MD.	Injured at home, farm, industry, public place	(where?)	
Address 17	Roy W. Layton		e MD Jell	Means of Injury 23. SIGNATURE		Orbother
(D) te rec'd by	registrar)		Left. Registrar	Address January, VA	Date signe	1.0 1.4.7



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

MARGIN	UNFADING
(V)	WITH
•	FRITE PLAINLY,
9-45-	ETRITE

CERTIFICAT	TE OF DEATH
Clty or town (If outside city or toyn limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants of veresidence of mother) State County City or town (If outside city or town limits, frite AURAL and give negrest town) Street No. (If rural cive LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
amos 7. Tris	nes 218-20-0646
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The In Married.	20. DATE OF DEATH June 1 19 47 at 2:45
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h in alive on 18.4.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
67 min.	Carposes of Suce
9. Birthplace John County and states	Due to.
10. Usual occupation of the state of the sta	Due to
11. Industry or business / 1	nal the m
12. Name Relleant Jumes 13. Birtholace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Clanapeth Seyanghas 15. Birtholace 7 Clup Bath	Major findings of operations
16. Interment of ful May Junes	Autopsy results
Address 14602 St Valley	PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (month), (day) (sear)	Accident, suicide, or homicide
Cometery or ecomotory & Doughessesified	Where did injury occur?
Location Despury Du Sho	injured at homo, farm, industry, public place (where?)
18. Funeral director AM Chambers Bel	Weans of Injury Injured at work?
Address 977-11 2115	Both Varner
. 6/2 .47 2pm & lobes	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address 1202 Comm. Cicl. Date signed

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VS A15

MARYIANI	STATE	DEPARTMENT	OF HEALT
MARILANI	JOIAIR	DEFARIMENT	UP DEAL

2411 N. Charles St., Baltimore

83cv

05156

CERTIFICATE OF DEATH

'Reg. Dist. No. 2/3

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cora Hallman	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FC	
Control of the contro	20. DATE OF DEATH. 3 - 18 47 21 2 30 A.
6.(b) Name of husband or wife Indian Indian	21. I CERTIFY that death occur (et on the date above stated; that I attended deceased from
	nea 31-1947 10 3-1947
1. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of dasth
54 0 0nrsmin.	Combal humanha a 3 don
0 .00 - 00	Que to activin sclamis T
9. Birthplace (Town, county, and state)	Due to Color
10. Usual occupation A auseurle	
11. Industry or business	Due to
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Asurke Acellisace	Major fiudiugs of operatious
2 15. Birthplace may form of	Date of op.
16. Informant Cutter) La Clinace	Autopsy results.
1 00	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hunesville ny.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removat. Which?) Date thereof (month) (dgy) (year)	Accident, suicide, or homicide
Cemetery or crematory 13ell Chichel	Where did injury occur?
Location Michael and Co. G.	Injured at home, farm, Industry, public place (where?)
18. Funeral director William B: Hillar	Means of Injury Injured at work?
Address Blemesville Sul	0 100
0 2 18/11/4/6/1	23. SIGNATURE Some S. Later M. D. or other
(Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address Proleanille, bud, Date signed 6/3/47
11	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mantaomery County	State Maryland county Manigamery
City or fown (If outside city or town lims, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 9300 Worth Que.
Washington San & Hospital, Talloma Park, Md.	(If rural, give LOCATION)
How long in hospital or institution? 28 days	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Hedges, Mrs. Ethel Margaret	ASSESSMENT OF THE PARTY OF THE
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 200
Fe White Married	20. DATE DF DEATH 13 19 47 21 1 317
6.(b) Name of husband or wife Ma Fland & Hedges	21. I CERTIFY that deaffrocurred on the date above stated: that I affinded deceased from
	June 1 1947, 10 June 13 19 4
7. Birth date of	and that I last saw h. er alive on
deceased (mo., day, yr.) Sept. 24 1890 8 AGF. Years Months Days If less than one day	Immediate cause of death
o. Aut.	/ Leveral
56 8 20hrsmin.	Carcinonalosis / yn t
9. Birthplace Was hington D. C. (Town, county, and state)	Due 16
	Carcinona of
10. Usual occupation	Oue to Cerry steers Typo 7
11. Industry or business	
# 12. Name Mr. William Pond	Other conditions
Z 13. Birthplace Conn.	(Include premancy within 3 months of death)
= 14. Maiden name Mas Hatte Rond	
	Myig findings of operations to Jungery . Tay
	therapy Lymage Fairfull Hotelos -
16. Informant PYDEN particular admission Country of the was received from husband.	Actopsy results PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bureal Date thereof June 191947	Accident, suicide, or homicide
(Burial, cremotion, or reportal, Which Creek (month) (day) (year) Cemetery or crematory: Cock Creek (em.	
	Whers did injury occur?
Location Wash., D.C.	Injured at home, farm, injustry, public place (where?)
18. Funeral director Deal Funeral Home	Assens of Injury Injured at work?
11/12 8 0 7.1	1 / CA PITCO CONTRA
Address 48/2 Sa ana Ma.	23 Course Cad in Carrie Ma
19. June 14 1947 J. D. Wulley 4.	Addres Schree Shring Modes signed -14-4
(Date rec'd by registrar)	Address Date signed

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05145

CERTIFICATE OF DEATH

Reg. Dist. No. 714

City or town (If outside city or town limits, write RUIVAL and give notrest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RUKAL and give hearest town) Street No (If rural, give LOCATION)
How long In hospital or institution?	(it rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	Elsworth 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 7:05 A.M
male white married	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 10. 19. Immediate cause of death. 20. 3.20. 1 X. 1 I I I I I I I I I I I I I I I I I I
16. Informant May House Hay Build. Address Philass Alaing Max.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Location	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director: C. Address Mills Schaffe 19. 6- 1- 47. 19. Septime Schaffe Registrat	23. SIGNATURE M. D. or other Andrees Consider M. D. or other Andrees Date signed M. D. or other

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JUNIA 1947

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UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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ın	T X	Had.	MA.	v	N I	LEE	а.	lu	$\boldsymbol{\nu}$	A.A.R.	2

2411 N. Charles St., Baltimore

ARTMENT OF HEALTH A

05158

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County. Montgomery City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of deathy. 2 Months, 1 day. Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 months, 1 day.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME HENRY, Brady Allen,	3. (b) Social Security Number
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced male W-US widowed	MEDICAL CERTIFICATION 20. Date of Death 5 June 19 47 21 6:15P N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from April 1: 1947 to 5 June 1947 and that I last eew h im alive on 5 June 1847 Interdining cause of death Cartagory June DURATION
8. AGE: Yeare Montha Days If less than one day 67 O 17hrsmin.	taliver stomacher / yr.
9. Birthplace Miss.a. (Town, county, and state) 10. Usual occupation unknown 11. Industry or business 12. Mame William A. Henry dec 13. Birthplace Miss 14. Maiden name Loula Anderson dec 15. Birthplace Miss	Due 10
16. Informant Sister: Mrs. R. S. Cox Address 3473 Holemad Place, N.W., Wash., D.C. 17. burial Date thereof 6-9-47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Arlington National Cemetery Location Arlington, Va. 18. Funeral director W. W. CHAMBERS C. J.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury
18. Funeral director	23. SIGNATURE R. N. GRANT, Cdr. (MC) USN M. D. or other Address USNH Bethesda, Md. Bate algred 5-6-47

JUN 17 1947

MARYLAND STATE DEPARTMENT OF HEALTH &

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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_	Diat.			1	/	6
Reg.	Diat.	No.	*******			

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Museland County munt garries
City or town. (If outside city or town limits, write RURAL and give nearest town)	Barkenda
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
4815 Rugely au	Street No. 48/5 Rugba Ove - (If rural, give LOCATION)
How long in hospital or instillution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
eserge Wesley Hess. Jr.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male. W. married -	20. DATE OF DEATH. 6 Denne 1947 at \$60 P.
6. (b) Name of husband or wife mos Helen Dorely	21. I CERTIFY that death occurred on the data above stated: that I attended deceased from
Collabor . B.(c) If alive, give age # 9. years	18 april 1947, 10 6 June 1047
7. Birth date of deceased (mo., day, yr.) - 14 Jane - 1864.	and that I last saw h. 192 alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
82 11 24min.	Freymore Jenning 2 days
9. Birtholace Sperrage Zom - D. C.	Due to Carinoma of Symmid
(Town, connty, and state)	
10. Usual occupation Portice Ulturest	Due to
11. Industry or business - Pleasanter of M. S. B. Invest gooding	
12. Name Starge W. Hassa. 13. Birthplace Isange town D. C.	Other conditions Ducketes - Malanta
	(Include pregnancy within 3 months of death)
14. Malden name a Many Robinson -	Major findings of operations
14. Malden name a Many Robinson -	Major findings of operations. Date of op. 2.9 April 47
our le	Autopsy results.
Address 4815 Regly are Beth, And.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Bate thereof June 9 1947 (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Glenwood Cemetery	Where did injury occur?
Location Washington, D.C.	Injured at home, farm, industry, public place (where?)
18. Funeral director Om Rouhen Tumphrey	Means of Injury Injured at work?
Address Bethesda, Maryland	OR GRE OM.D.
11- 11- amm = 00	23. SIGNATURE M. D. or other
19. (Date resistant) 19. 4	14 1935 Becometion Rd . Bate street 6 Jane 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Forrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05160

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Thomason games	State MA County montumery
(If outside city or town limits, write RURAL and give nearest town)	B 0 A -110 1 200
How long in above place of death?	(If outside city or town limits, write RURAL and givenpearent town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Trene Mardaret	So hy 50 y
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F a) M	
AL 9/21 / 1 0 0	20. DATE DF DEATH. 9 19 47, 21 4 4
6.(b) Name of husband or wife this transfer for husband	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	may 14 19 47, 10 June 9 19 47
7. Birth date of deceased (mo., day, yr.) August 28, 1903	and that I last saw h
8. AGE: Years (Months Days tfless than one day	Immediate cause of death DURATION
43 11 19hrsmin.	and Congestive myrandles
Colorel AC	het It to Care and
9. Sirthplace (Town, county, and state)	Due to.
10. Usual occupation I Langewife	Of the Contract of
11. Industry or business Tomes	Due to.
0.00	
12. Name 12. Name 22 13. Sirthplace Wash.	Other conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name A Collection 5 To the Life of the Li	Major findings of operations Schurhus Carcuma
14. Maiden name Alttel E. Cobey 15. Birthplace	of I Breat Date of op. 2 494
18. Informant Otis It arrived Johnson	Autopsy results
Address Rural PAD. #3 Betherda med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
110117	22. VIOLENCE: If death was due to external caoses, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director the I h. Times es	Means of Injury Injured at work?
our 1 water of mm	0 > 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Address 240 / / - 21. 12.	23. SIGNATURE / Young J. Douglas M.D
19. 6/9 1947 Mm & Jake	M. D. or other
(Date rec'd by registrar)	Address 6 3 County Date signed 9 4 4
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JUN 17 1947

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CERTIFICAT	DE OF DEATH
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State. Missouri County. St. Louis City er town St. Louis (if outside city or town limits, write RURAL and give nearest town) Street No. 4889 Margaretta Ave. (If rural, give LOCATION) 2.(a) If veleran, name war. No
3.(a) FULL NAME Mrs. MARY FRANCES KALLME	IER 3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced female White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH 19 June 1947, 21/2 7 M
B.(b) Name of husband or wite. Henry Louis 7. Sirth date of deceased (mo., day, yr.) March 16th. 1867 8. AGE: Years Months Days If less than one day 80 2 3 hrs. min. 9. Birthplace. St. Louis, Mo. (Town, county, end state) 10. Usual occupation. Housewife 11. Industry or business 12. Name. Rechter 13. Birthplace Germany 14. Malden name Rechter 15. Birthplace Germany 16. Intormant. Mrs. Wm. H. Biebusch Address 617 Lycoming Ave. Silver Spg. 17. Trans' N & Burial Bate thereof. 6/20/47 (Burial, cremation, or removal. Which?)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5. June 19.47, to 19.47 and that I last saw here alive on 18. June 19.47 Immediate cause of death Cereby at Hermanik and Royal Right. DURATION 20 hours Due to Attended deceased from 19.47 Immediate cause of death DURATION 20 hours Due to Attended deceased from 19.47 Immediate cause of death DURATION 20 hours Due to Attended deceased from DURATION 20 hours Due to One of the conditions Market and Survey an
Cemetery of XXXXIII. Memorial Park Location St. Louis Co., Mo. 18. Funeral director Warner & Lumphrey - Address Silver Spring, Md.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrat	Address/12 Willow Dul. Date signed 19 June 4/

JUN 25 1947

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6/75 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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prof Date signed 6-22-47

CERTIFICAT	E OF DEATH Reg. Dist. No. 216
1. PLACE OF DEATH: CountyS. D. J. Y. D. A. Y. City or town S. L. City or town S. L. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? D. A. V. Y. V. A. Hospitat, institution, or street address where death occurred: 8. G. A. O. A. C. Y. Y. V. A. How long in hospital or institution? D. E. A. Q. Y. Y. V. A. How long in hospital or institution? D. E. A. Q. Y. Y. V. A.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MANACA County Control Control (If outside city or town limits, write RURAL and give nearest town) Street No. VIA AAAA OAAA (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Fizabeth Anne Kay 4. Sex 5. Color or race 6.(a) Single, married, midewalt or diversed	mone
F	MEDICAL CERTIFICATION Dead on dvr. 20. DATE OF DEATH. 6-22 1947.3
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
16. Informant MRS JOSEPH MY Address MEADOWOOD - SILVER SPRING - MO 17. Burial, cremation, or removal. Whichi) Cemetery and constants of Security Methodist Blunch. Location Science & Pump Local 18. Funeral director Daniel & Pump Local Address SILVER SPRING - MA 19. 6/75 1947 Mm E Locas	Antopay results. Antopay results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide

Registrar



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

information carefully. The

ADING INK. Supply every item of i Physicians: please write the causes

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Res Dist No 216

CERTITICAL	Reg. Diat. No. 220
1. PLACE OF DEATH: County Montgomery Be thesda (rural) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 months 16 days. Hospital, institution, or street address where death occurred: US NAVAL HOSPITAL, Bethesda, Md. How long in hospital or institution? 4 months, 16 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
KELIAM, William Thomas 4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced male single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth data of decessed (mo., 4ay, yr.) December 19, 1891	21. I CERTIFY that death occurred on the date above efated; that I attended deceased from 25. January
8. AGE: Yeare Months Days If less than one day 55 5 22	Due to Malignant Capolid Vogley tumor c lymph Wall & liver maladrie
11. Industry or business 12. Name Mrs. William T. Kellam dec 13. Birthplace Va.	Other conditions Statistical Asterial Statistics (Include pregnancy within 3 months of death)
14. Maiden name Rose Bailey dec. 15. Birthplace Va. 16. Informant Sister: Mrs. Cordie Strand	Major findings of operations. Date of op. Autopsy results. Confirmed above
Address Onley Va. 17. removal (Burlal, cremation, or removal, Which?) Cemetery or crematory.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Tasley, Virginia 18. Funeral director W. ERNEST JARVIS Address 1432 U St., N. W. Wash, D.C. 19. 6-13 (Date rec'd by registrar) 19. Registrar Registrar	tnjured at home, farm, Industry, public place (where?) Meane of Injury Injured at work? 23. SIGNATURE J. D. WYCOFF, Lt. (jg) (MC) USNR M. D. or other Address. USNH Bethesda, Md. Dale signed



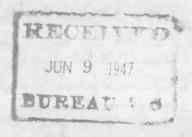
CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montagomory City or town Signer Spring	State Maryland county Montgomeres	
(If outside city or town limits, write RURAL and give nearest town)	City or town	
How long in above place of death?	(If outside city or town limits, write HORAL and give nearest town)	
TII Slige Que.	Street No. 711 Sligo Curnua	
How long in hospital or institution?	2.(a) If veteran, name war. World was the Tit	
3. (a) FULL NAME	3. (b) Social Security Number	
Kalph E. Killertan	579-10-3736	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white single	2D. DATE OF DEATH. 19.5% 7, 21 / O. a.e. A. M	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from	
6.(c) If alive, give ageyears	John Mark En 19 10 19	
7. Birth date of deceased (mo., day, yr.) Quly 11, 1925	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediair cause of death	
21 10 23hrsmin.	Cishwein by stagementation	
11 Intox long Doring	Due to Desired I	
9. Birthplace(Town, county, and state)	Rome	
10. Usual occupation Sood Chiapanna Con	Due Io	
11. Industry or business Parplace Brug Stone # 20		
12. Name Myron C Killox lain	Dither conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Widda matilda Mumma	Major findings of aperations.	
\$ 15. Birthplace Owenport, Source	Date of op.	
16. Informant Mrs. Idilda M. Killerlain	Autopsy results	
Address 711 Sligo ave, Silver Spring, M	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof (day) (year)		
Cemetery or stomatory arlington national	Where did injury occur? (City or town) (County) (State)	
Location fort myes, Oa.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Ilarman & Pumplicay	Msans of Injury handing Injured at work?	
Address Silver Swing Und		
in Charles be belond	23. SIGNATURE. M. D. or other	
19. (Date rec'd by registrar) Registrar	Address Salatherhand bad Date signed Comments	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

05165 Reg. Diat. No. 2/6

1. PLACE OF DEATH: County MP NT YOM E RY.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State D. C. County
(If outside city or town limits, write RURAL and give nearest town)	City or town Washington, D. C.
How long in above place of death?	(If outside city town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street Hof DG - 111 STREET N. W. YJash. P.C.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
MLLLE, HUGUST C	579-12-5163
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Make White Divorced	Daniel Da
7776	20. DATE OF DEATH. 2 3 19.47 at Sile P M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
B.(c) If alive, give ageyears	Dep med gris 10 19 19
7. Birth date of deceased (mo., day, yr.) Jan. 22, 1871	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
76 5 1min.	P 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Construct Chart
9. Birthplace Annapolis, Maryland (Town, county, and state)	Due to Julia Missauri Municipal
10. Usuat occupation Inspector, Glen Echo, Md.	Tirely 1
11, Industry or business	Due to
	2.7 0.44011 2 c
E 12 Name Louis Kulle 13. Birthplace Hafe Cope Germany	Other conditions transfer of not the things
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Frederica Becker	Major findings of operations.
15. Birthplace Hafe Cope Germany	Date of on
14. Malden name Frederica Becker 15. Birthplace Hafe Cope Germany 16. Informant Mr. George F. Kulle	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(1 - 1 -	22. VIOLENCE: If death was due to external causes, fill in the following:
11 Burial Oate thereof 6/27/47 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide. Accident to d. Date of 6-23-47.
Cemetery or crematory Congressional Cemetery	Where did injury occur?
Cemetery or Grematory	(City or town) (County) (State)
Location Washington, D. C.	Injured at home, farm, industry, public place (where?) Year Texto Park
18. Funeral director Or Leuben Turnphre	Moans of Injury Struck by Roller Cocatarinjured at work? yes
Address Bethesda, Maryland	Frank J. Broschart M. O.
1 500 V	23. SIGNATURE M. D. or other
19. (Dafo ree'd by registrar) 19.4.7 Man Cyclotrar	Address Sartherland med Date signed (4-23-47



MARYLAND STATE DEPARTMENT OF HEALTH A

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 1107 tg emery	State Maryland county Montgomery
Cily or lown (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	/ Street No. 12 4
The Montgomery County General ITOSpit	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Benjamin Marriott	
4. Sex 5. Color or race 0 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col. Widowed.	20. DATE OF DEATH JUNE 6 1947, at 2:55P
0 (h) Name of heatenst or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Nams of husband or wifs	May 24 1947, 10 Jane 6 1947
7. Birth date of	and that I last saw hi. 22 aliva on Dere 6
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carcinoma of Descending ? 2-3 miles
? 70+hrs	nin. Colore
8. Birthpiace Montgomery County, Md.	Due to.
(Town, county, and state)	
10. Usual occupation Laborer.	Due to.
11. Industry or business	
El 12 Hame Thomas Marriott	Other conditions arterios clerosis Generalized years?
12. Name Thomas Marciett 13. Birthplace Md	
	(Include pregnancy within 3 months of death)
14. Maiden name Caroline Baker 15. Birthplace Md.	Major findings of operations Carcinoma of Oles Cenducy
. ,	Colon Date of op 3-26-41
16. Informant Hospital records	Aulopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal Which?) Dale thereof (month) (idea) (year)	Accident, sulcide, or homicide
Cemetery or crematory Church Claudery	Where did injury occur?
La Din Deanna made	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	moune of figure
Address Rock reello med	1:1/1 R:1 ho poul
1 0 1 1 1 1 1 1	23. SIGNATURE M. D. or other
19. 6 9 (Date red by registrar) 1847 Standarde B Javle	Tax Address Mont Gameny Co. Ten. Hopp. Date signed 6-6-47
(Date rec'd by registrar)	Tar Address // LOVA 1 Julia Arag

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WITH UNFADING INK. Supply every item of information carefull, important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH is especially import

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JUN 24 1947

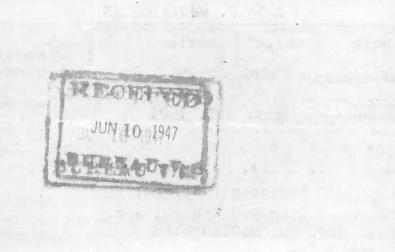
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CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) Street No. 9412 Mintwood Rd. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number 080-01-5921
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH
8.(b) Name of hand wife Mabel Cundry 8.(c) If alive, give age year deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred an the date above stated; that I attended deceased from 19. 19. 19. 19. Immediate cause of death DURATION
9. Birthplace. St. Louis, Mo. 10. Usual occupation. Engineer (Retired) 11. Industry or business Standard Brands, Inc. 12. Name Geo. Wm. McGlaughlin 13. Birthplace Ky.	Due to
14. Malden name Eleanor Johnson 15. Birthpiace Iowa 16. Informant Mrs. Mabel C. McGlaughlin Address 9412 Mintwood Rd. Silver Spg.	Major fiedings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rock Creek Cemetery Location. Washington, D. C. 18. Funeral director. Daxnax E. Pumplyay Address Silver Spring, Md. 19. Location Burial Company Address Silver Spring, Md. 19. Location Burial Company Registrary	Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibou MARGIN RESERVED FOR BINDING

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A15 VS rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05168 Reg. Diat. No. 292

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
Charles C. Mile	218-09-5147	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male white surger	MEDICAL CERTIFICATION 2D. DATE OF DEATH	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	
deceased (mo., day, yr.) July 26 1878		
8. AGE: Years Months Days It less than one day	Immediais cause of death	
9. Birthpiace	Due to	
12. Name Miles 13. Birthplace Miles	Dither conditions	
14. Maiden name Mantha Grains 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations	
16. Interment Mass wom 4. Miless Address Marthenlung R-3. md	Autopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically.	
17. Burial, cremation, or removal. Whish) Date thereof 6/13/47 (Burial, cremation, or removal. Whish) Date thereof 6/13/47	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Milliholdish million and million with the continuous million and the continuous	Where did injury occur?	
18. Funeral director William B. Helloge	Means of Injury Short The Injured at work?	
Address Leunesville, mg.	23. SIGNATURE Dept Brief 3. M. D. or other	
19. Lune 12 19 47 Nrs. C. C. Stellor	Address Ganthaut y M. Date signed Land 1 - 47	



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MARYLAND STATE DEPARTMENT OF HEALTH

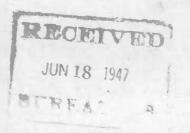
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County MONT AUGUS	State MARURAUS COUNTY, Montgomery
City or town (11 outside city or town undits, white RURAL and give nearest town)	1 2006-1-11
How long in above place of death?	City or town(It outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho
Shared State of the state of th	(If rural, glog ECCATION) 2.(a) If veteran, name war
How long In hospitat or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or pace 6.(a) Single, married, widowed, or divorced	None
4, Sex	MEDICAL CERTIFICATION
Male Wille Dingle	20. DATE OF DEATH. MUSIC 12 19.47 at 8 Pa. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	JUNE 12 19 47, 10 JUNE 12 19 47
7. 8 rth date of	and that I last saw h JAB alive on S.M.N.C. 12. 19.5.7.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
73 10 9hrs. min.	Bilateen Pi- weekens
	BILATERAL PYONEPHRESIS 3WK.
9. Birthplace (Town, county, and atate)	Oue to ChRUNIC PROSTATIC HYPERTROPHY YEARS?
10. Usual occupation. Dals mill worker	/ /
11. Industry or business	Due to
# 12 Name TURNAMU W. Ma MILLOW	Dither conditions.
12. Name COULAW W.) (A MULLIU 13. 8trthplace) /) / Q	
E DO RIVON	(Include pregnancy within 3 months of death)
14. Maiden name PAWILA RULL 15. Birthplace	Major findings of operations
2 15. Birthplace	Date of op.
16. Informant. All Miles of the All Control of the	HYSICIAN: Please underline the cause to which death should be charged statistically. Ext. 1966.
Address 6817 Georgia ave. Mu work.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Cremation Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Cemetery	
	Where did injury occur? (City or town) (County) (State)
Location Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. W. M Keubern	Means of Injury Injured at work?
Address Bethesda, Maryland	All the Sant MD
18 6/13 1947 gm & lobe	23. SIGNATURE M. D. or other
18. (Date rec'd by registrar) Registrar	Address Sulverban Hosp Date signed 6/13/42
· · · · · · · · · · · · · · · · · · ·	Betherda Mel.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U517U Reg. Dist. No. 2/6

1. PLACE OF DEATH: County Montgamery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bethesda ((If outside city or town limits, write RURAL and give nearest town)	state Mary land county Manigamery
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No
Suburban Hospital	(If rural, give LOCATION)
How long in hospital or institution? 8 hours, 35 min.	2.(a) If veleran, name war
3.(a) FULL NAME George Walter Moore	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Single	20. DATE OF DEATH June 15, 1947, at 5.50 A.M.
	21. I CERTIFY that death occurred on the date above stated; that I allended doceased from
G.(b) Name of husband or wife	21. 1 GENERAL TRANSPORTED ON THE DATE ABOVE STATES, THAT I ATTEMBED BUCGASED NOT
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) June 12, 1923	Impediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Interesped Homonhage 10hrs
24 3hrsmin.	
9. Birthplace Clarksburg, Maryland (Town county, and state)	Due to Stendengham 10 hrs
10. Usual occupation babores	Due to Dearles & Skull 10 hrs
11. Industry or business	
12. Name Alfred H. Moore 13. Birthplace New Market, Maryland	Other conditions Quillet Word 10 10 11
	(Include pregnancy within 3 months of death)
Tr. Indiaci ilano.	Major findings of operations The Comments of t
\$ 15. Birthplace New Market, Mary land	/famous Souliste of op. 0/14/4/
18. Informani Caraball Moore	Aotopsy results
Address Carlesburg may	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or regoval, Which?) Date thereon (month) (day) (year)	Accident, suicide, or homicided
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur?
Cemetery or cramatory	(City or town) (County) (State)
Location Clarkshurg 144 9	Injured at home, farm, industry, public place (where?)
18. Funeral director Conf W. Barber	Means of injury Injured at work?
Address Lay Bonsville may	acting backstogest
16/14 47 mit lakes	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 6/18/47

RECEIVED

JUN 18 1947

WILKEVALLE

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

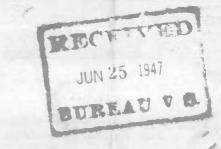
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2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

County Menigronery	(For newborn infants give residence of mother)
0 2 4 12.6	State Ad County Money overy
(If outside city or town limits, write BURAL and give nearest town)	21. 01
How long in above place of death? 5 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 914 Flower ave
914 Flower avenu	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
RALPH EDWARDS MORRELL,	Jr.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	MEDICAL CERTIFICATION
made while married	20. DATE OF DEATH
The The P The	
8.(b) Name of husband or wife. Mrs. Mary Line Morrey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age	19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of	and that I last/saw halive on
deceased (mo., day, yr.) Sept 15, 1902	7
8. AGE: Years Months Days It less than one day	Immediate cause of death
o. Add.	
44 9 hrsmin.	Cornery verlision dies
mai 1 2061	
9. Birthplace (Town, county, and state)	Due to.
(Town, county, and state)	J
10. Usual occupation. Clertrecain	Due to
	Due to
11. Industry or business	
12. Name Layer & Morrey Sv. 13. 81rthplace 2was - Milsond	Other conditions
13. 8 orthoplace 2 was - Miljord	(Include pregnancy within 3 months of death)
14. Malden name Many Olivi Smylie	(Include pregnancy within 8 months of death)
E 14. maiden name	Major findings of operations.
14. Malden name Mary Olivi Smylie, 15. Birthplace Miljord, Dexas	Date of op.
m. H. f. Manuel	
18. Informant // Ray A Die / Route	Autopsy results
Address 914 Flower Clare, Juk. Ck. Md.	PRINCIAM: Please underline the cause to which death should be charged statistically.
D 0 0 25 1040	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) Date thereof (month) (day) (xear)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Wash. Wash. D.C.	Where did injury occur?
0 · 40 () D () 8 P	
Location Curticard R.d. S. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. W. Chambers Co.	Means of Injury Injured at work?
	2 1 . Broschart M. U.
Address /400 Chapin St. J. W. Wash. D. C.	Chang & f.
0 11 11	23. SIGNATURE M. D. or other
18 June 2 3 18 47 Josephine by Phaeffe	
(Date rec'd by registrar) Begistrar	Address Manual Bate signed Land 2.3. X.7.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05172 Reg. Dist. No. 214

5/	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
bly	County Management	(For newborn infante give residence of mother)
E 30	1.11.24(1 100.00)	State I Pary aut County / Jam gomery
ly.	(If outside city or town limits, write RURAL and give nearest town)	City or town Sulfer Spring, O
ful	How long in above place of dealh?	City or town (If outside city or town limits, write ROBAL and give nearest town)
rly	8910 2nd ate.	Street No. 8910 And Otte,
on car		
ion clo	How long in hospital or institution?	2.(α) It veleran, name war
nati	3. (a) FULL NAME	3. (b) Social Security Number
information of death cle	Ballard Nicholls Mo	tris
inf	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
es S	Male White Widowed	20. DATE OF DEATH. 4 June 19 47 21 1:45 A.M.
item c		
ite c c	6.6) Name of husband or wife Jeanie Boag Morris	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
th		1947 104 June 1947
eve	7. Birth date of	and that I last saw h I M alive on une 19 4?
ly ev	deceased (mo., day, yr.) 8 A.C.F. Years Months Days It less than one day	Immediate cause of death COAgestive Heart DURATION
	o. Adi.	Failure.
	84 2 0hrsmin.	
.Y.	9. Birthplace Nashville, Tennessee	Due to Arterão sclerot re Heart Visease
INK ns:	(Town, county, and state)	
G]	10. Usual occupation Patent Attorney Retired	Due 10.
ADING INK Physicians:	11. Industry or business haw	5 to 10,11
AD Ph	12. Name William Wolf Morris	Other conditions
[H 43	13. Birthplace Delaware	Other conditions
WITH UN	M	(Include pregnancy within 3 months of death)
H	14. Malden name Sarah Smith Nichols 15. Birthplace Washington, D.C.	Major findings of operations.
WITH	15. Birthplace Washington, D.C.	Date of op.
-	16. Intermant Mrs Kate Paulina Cannon (Sister)	Antopsy results
all	2 1/4 2 00 1 1	PHYSICIAN: Please underline the caose to which death should be charged statistically.
PLAINLY, s especially	Address 3909 53 nd Street Ballustur	22. VIOLENCE: If death was due to external causes, till in the tollowing;
asp	1 Zemoval Date thereot	Accident, suicide, or homicide
PI	(Burial, cremation, or repoval. Which?) . (month) (day) (year)	
国	Cemetery or crematory	Where did Injury occur?
RIJ	Location Myallarelle and	Injured al home, farm, Industry, public place (where?)
WR	I Grand a some	Means of tnjury tnjured at work?
S E	18. Funeral director.	
</td <td>Address Hyalleville ha</td> <td>Maning W. alder A. E.</td>	Address Hyalleville ha	Maning W. alder A. E.
PLE	12 Onelling he helen	33, SIDNATURE
P.	Date rec'd by registrar)	Address 8004 Devell Calist S. S. Med. Date signed 4 June 1947

MARCIN RESERVED FOR BINDING

WILLIAM DE SCHLINGER

RECEIVED

JUN 9 1947

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MARGIN

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

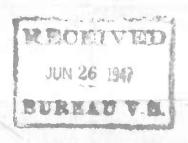
2411 N. Charles St., Baltimore

05173

CERTIFICATE OF DEATH

.. Date signed 4/24/4)

CERTIFIC	Reg. Dist. No.
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Chevy Chase, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Mon gomery
How long In above place of death? 35 years	Chevy Chesa Manual and
Hospital, institution, or street address where death occurred: 4604 Davidson Drive	Street No. 4604 Davidson Dr.
	(If rural, give LOCATION) 2.(a) If veteran, name war. None
How long in hospital or institution?	
WILLIAM BUXTON NEWTON	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH. June 24, 1947 19 2:45P
6.(6) Name of husband or wife Helen C. Newton	21. I CERTIEX that death occurred on the date above stated: that l'allended deceaaed from
7. Birth date of	years and that I last saw h Malive on 24 6 18 42
deceased (mo., day, yi.) November 16, 1873	Immediate passe of death DURATION
8. AGE: Yeara Months Days If less than one day 8hrs.	min. ameinom Lama 2 yrs
9. Birthplace Meine (Town, county, and state)	Due to.
10. Usual occupation Retired Navy Department	Due to.
11, Industry or business	
12. Name. Unknown 13. Birthplace Unknown	Dther conditions
13. Birthplace Unknown	(Include pregnancy within 3 months of death)
14. Maiden name. Alice Kenney. 15. Birthplace Unknown Mrs. Helen C. Nowton	
E 15 Birthniace IInknown	Major fiedings of operations
16 Informant Mrs. Helen C. Newton	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4604 Davidson Dr. Ch. Ch. Md.	22. VIOLENCE: tf death was due to external causes, fill in the following:
17. Cremation Date thereof 6/25/17 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Cemetery	Whera did Injury occur?
Location Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Works Leubere Tumphr	Maana of Injury tnjured at work?
Address Bethesda, Maryland	1 23. SIGNATURE OF OUR
19. (Date red d by registrar) Regis	Address & 016 Leggt Pour Date signed & 25/4



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH County Montgome	l: ry		2. USUAL RESIDENCE (HOME) Of (For newhorn infants give residence of	F DECEASED:	
City or town(If outside	Bethesda	write RURAL and give nearest town)	Washington	State D. C. County Washington City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of de Hospital Institution, or stre US Naval Ho How long in hospital or inst	et address where death spital, Bet	thesda, Md.	Street No. 1725 N.J.Ave., N. (If rural, give	W.	
3. (a) FULL NAME	9			3. (b) Social Security Number	
	OLIVER, Ge	eorge Bruce James			
	Color or race 6.	(a)Single, married, widowed, or divorced separated(18yr	-1	ertification 19 47 31 9:50 P	
6.(b) Name of husband or w	Mrs. R	uth Oliver	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.)	18 Februa	ary 1893	and that I last saw h. i.M. alive on	AL EMBOLI DURATION	
8. AGE: Years 511		Days If less than one day	WITH ENCEPS ALON	HALACIA;	
9. Birthplace Virg		ty, and state)	Oue to SYPHILITIE A	ORTITIS	
10. Usual occupation			OF INNOMINATEA	RTERY WITH	
11. Industry or business		•	MURAL THROM		
12. Name Eno		dec.	Other conditions MULTIPLE	EREBRAL	
~	Va.	1	EMBOLI CONGESTIV	nonths of death)	
14. Maiden nameB	Retty Hosto	n dec.	Major findings of operations		
S 15. Birthplace	Va.			Antopsy results. (SAME AS A BOVE) PHYSICIAN: Please underline the cause to which death should be charged statistically.	
16. Informant Siste	r: Miss Al	ice Oliver	Autopsy results (SAME AS A		
Address 1725 N.	J. Avenue.	N. W. Wash. D.C.			
17. buria (Burial, cremation, or	removal, Which?)	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Cemelery or crematory	Arlington	National	Where did injury occur?(City or town)	(County) (State)	
Location Arli	ington, Va.	·	Injured at home, farm, Industry, public place (wi		
18. Funeral director Me	lvan & Sch	ey <i>W.E.</i> ,	Means at Injury	Injured at work?	
		Wash D.C.	J. B. BRYA	M, Lt.(jg) (MC) USNR	
19. 6-25	10 47	Mary Charlotte Smi	h	M. D. or other Oate signed 6-25-47	



2411 N. Charles St., Baltimore

9400

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Maryland county Montgomery	
City or town. Chevy Chase (If outside city or town limits, write RURAL and give nearest town)	City or town Bethesda 14 (If outside city or town limits, write RURAL and givs mearest town)	
How long in above place of death? <u>few hours</u> Hospital, Institution, or street address where death occurred:		
Kenwood Country Club	Street No. 9610 Wilson Lane (If rural, give LOCATION)	
How long in hospital or institution? None	2.(a) If veteran, name war World War III	
3. (a) FULL NAME	3. (b) Social Security Number	
13 To 6 (?)		
4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced	None MEDICAL CERTIFICATION	
Male White Married	20. DATE DF DEATH 19 X 7 , at 4: 24 P M	
6.(b) Name of husband or wife Helen Root Palmer	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from	
	19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
7. Birth date of deceased (mo., day, yr.) October 11, 1903	and that I fast saw halive on	
8. AGE: Years Months Days If less than one day	Immediaiu cause ol death	
43 43 8 4hrsmin.	Commence and accommendation	
9. Birthplace Missoula, Montana (Town, county, and state)	Due to	
10. Usual occupation Consultant		
11. Industry or business Civil Service Commission	Due 10.	
	Pitter on dillion	
E 12. Name Bertram Palmer 13. Birthplace Utalh	Direct Congitions	
	(Include pregnancy within 3 months of death)	
14. Malden name Minnie Smithson. 15. Birthplace Utah	Major findings of operations	
	Date of op.	
18. Informant Helen Root Palmer (wife)	Autopsy results	
Address Bethesda, Maryland		
17. Burial Date thereof June 17, 1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
Cemetery or crematory Arlington Natin. Cemetery	Whera did injury occur?	
Location Arlington, Virginia	Injured at home, tarm, industry, public place (where?)	
18. Funeral director WM. Rowsen Rumphroux	Maans of injury Injured at work?	
	7 10 8 1110	
Address Bethesda, Maryland	23. SIGNATURE M. J. Javichart M. V. M. D. or other	
19. 6/16 1947 Notes	es Seponder exam.	
(Date rec'd by registrar) Registrar	Address Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

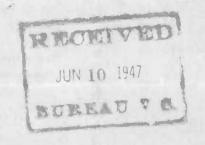
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Manighmery	(For newborn infantagive residence of mother)
City or fown montres Queen	State Maryland County Montgonery
(If outside city of town limits, write RURAL and two nearest town)	City or town () Martin (eug)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
norword H. Palm	o. (b) boths betary remote
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Valend massed	
11 could 11 arises	20. DATE OF DEATH. 20 19. 4. 7. 21 1: 4. 0. As IN
8.(b) Name of husband or wife Ealter Palmer	21. I CERTIFY that death occurred on the date above stated: that I ettended deceesed from
	19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Oct. 16, 188/	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Ammediate Case VI Walliam
527hrsmin	200
2	Malana 3 augo
9. Birthplace Town, bunty, and state)	. Que to
I all and I	Tusting allatable 4 mas
10. Usual occupation	Due to
11. Industry or business	_
12. Name Adrress Falmer	Other conditions
13. Birtholace Md.	
	(Include pregnancy within 3 months of death)
14. Malden name. Nenrietter 15. Birthplace M.	Major findings of operations
E 15 Rightholace and .	major induings of operations
5 1+ R-D (11.1.1.1	
18. Informant Lauren Jacobse Grand Jacobse Jac	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Martinalus, med.	
(Bussell . J. Xung 8. 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Morlinstons	Where did injury occur?
The Att.	
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Kabert Le Duonden	Means of Injury Injured at work?
10. 6. 10. V - 21. V	Though & Browhart M. J.
Address PCOCHNICLE 7 MEX	
Luce & un man & P Thompson	23. SIGNATURE
(Date rec'd by registrar)	Address Man hunghing house signed 6 1
I WILL TO THE TOTAL OF THE PARTY OF THE PART	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WRITE

PLEASE

VS A15



information carefully of death clearly and BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes FOR RESERVED MARGIN

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montalmery	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	Stale Maryland County
(If outside city or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Washington Sanitarium	Street No. 137 Gasley St. (If rugal, give LOCATION)
How long in hospital or institution? 14 days	2.(d) If yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ora EHa Paxson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	20 DATE DE DEATH June 23 1047 19.25
	20. DATE OF DEATH. Tune 23 1941 at Q. 2
6.(b) Name of husband or wife Walter Paxson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Ppy: 1 22 1947, 10 Jule 23, 1941
7. Birth date of	and that I last saw h. L. alive on
deceased (mo., day, yr.) July 23 1873	Immediate cause of death
8. AGE: Years Months Days It less than one day	Corcumna of Bloodley
73 11 2hrsmin.	
Laudan Co. Va.	Que to.
9. Birthplace	Due 10.
10. Usual occupation House wite	B. a. de
11. industry or business	Due to
	Other conditions, M. alarslary
12. Name Thomas Moran 13. Birthplace Virginia	
100	(Include pregnancy within 3 months of death)
Tr. marter frame.	Major findings of operations.
El 15. Birthplace Loudon Co. Virginia	Date of op
16. Informant Washington Cenitarium Records	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burish Date thereof Lexis 25 - 199	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory addicass,	Where did Injury occur?
Leat Pleasant ma	tnjured at home, farm, Industry, public place (where?)
Location in 11/1 (Missanker)	Means of Injury Injured at work?
18. Funeral director	- B. D.
Address Sever dale Restantion	There & Thompson
15 (1/Volum North	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) Registrar	Address 323 New Hamp. Date signed to 23 H

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JUN 24 1947

W. S. L. V. L. K.

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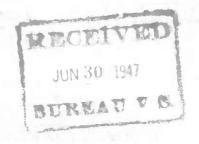
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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V CERTIFIC	Reg. Dist. No
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town Ar in a to w
Hospital, Institution, or street address where death occurred: Washington Sanitarium How long In hospital or Institution? 2/2 days	Street No. 3.731 S. 4 Mile Run Drive (If rural, give LOCATION)
3. (a) FULL NAME Mrs Rose Pentansky 4. Sex 5. Color or race 6. (a) Single, married, addowed, or divorced	3. (b) Social Security Number
6. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Separated	MEDICAL CERTIFICATION 20. DATE OF DEATH. 26. 19. 4. 7. al. G. X.S. A
6.(b) Name of husband or wife	21. I CERTIFY That death occurred on the date above stated; That I attended deceased from
7. Birth date of 7. Birth date of 9. 1887 R. A.C.F. Years Months Days If less than one day	and that I last saw halive on
60hrs.	min. Lysak Jossey 3 days
9. Birihplace Russia (Town, county, and state) 10. Usual occupation House wife	Due to
11. Industry or business	Due to
13. Birthplace Russia	Other conditions
14. Maiden name & va (?) 15. Birthplace Russia	Major findings of operations
16. Intermant Hospital Records	Antopsy results
Address 17. Gurial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory May Mail Our	Where did Injury occur? (City or town) (County) (State)
18. Funeral director Danyayety Att	Means of injury • Injured at work?
Address 3501-1400 Strong NOW	23. SIGNATURE
19. (Date rec'd by registrar)	distrar Address deather Burg Date signed 6-26-X



2411 N. Charles St., Baltimore

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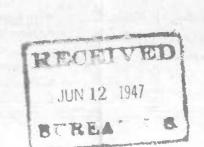
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	Manufaced Donate
City or town	DI , - ' I M I /
How long in above place of death? 7.2	City or town (If outside city or town limits, write RVRAL and give nearest town)
Hospital, Institution, or street address where dealh occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sorah (197785 Poole	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	20. DATE DF DEATH
C1 -> 100 P 10	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
artery manie at massacra or massacra or massacra or manie at massacra or massa	Dep 2019 19 10 110
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) / archd-18/3	Immediate cause of death
8. AGE: Years Months Days If less than one day	3
72 3 1hrsmln.	Cormary orchision de
9. Birthplace oolesville monta (a. md.	Due to.
10. Usual occupation Housewrte	Due to
11. Industry or business	
12 Hame Lamies Beall	Other condillons
12. Hama hanses Beall 13. Birthplace 100/esville, Mcl	
14 Maiden name Sarah Merchant	(Include pregnancy within 3 months of death)
6	Major findings of operations
15. Birthplace /1874/3.NO-	
18. Informant Fronk Toole	Autopsy results.
Address Paple Sxille, Mc)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 6-5-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, crematinn, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory DomoCocy	Where did injury occur? (City or town) (County) (State)
Location Bealls VIII & MG	tnjured at home, farm, todustry, public place (where?)
18 Funaral director William B. Hilton	Meens of injury injured at work?
D > > > M -	though & / Sworthart M.U
Address 1007 Desville, 19	23. SIGNATURE M. D. prother
10 June 4 10 47 Mrs. C.C. Helt	M. D. nr other
Mate rec'd by registrar)	Address Tarbelland Ma Date signed 6 - 3 - 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgornery	
(If outside city or town limits, write RURAL and give nearest town)	State MANY AND County Montgonsky
How long in above place of death? Single 6-23-47-8 Pm	City or town
Hospital, Institution, or street address where death occurred:	Istreet No. 55 17 Morth Rield Rd - Bethood
8600 Old Georgetown Rd-Bethesda M	(If rural, give LOCATION)
How long in hospital or institution? Since 6-23-47	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr Alfred W. Probst	NOME
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
m Widowed	20. DATE DE DEATH 6 - 24 - 19.47 at /2 P.
6.(b) Name of Australia or wife MANH E. Robst (Deceses	AP1. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jane 16 1947, 10 June 34 1949
7. Birth date of	and that I last saw h 121k alive on Juney Ty 18 47
deceased (mo., day, yr.) JUNE 10, 1866	Immediate cause al death President DURATION
8. AGE: Years Months Days If less than one day	plecenter and Besicendetes 4 ours.
81 81 0 14	
9. Birthplace Lock haven Pennsylvania	Due to Telescia James James 2 with
(Town, county, and state)	
10. Usual occupation. Retired	Que to Cierdiere electropens cetion 4 days
11. Industry or business Chothing DESIGNER	
12. Name D. MK NO W. M. 13. Birthplace JUNK NO W. M.	Dither conditions Serully
13. Birthplace UNKNOWN	
# 14. Maiden name LAKNOWN	(Include pregnancy within 3 months of death)
E	Major findings of aperations.
	Date of op.
16. Informant MRS. EdNA P. Chester	PHYSICIAN: Please saderline the cause to which death should be charged statistically.
Address 5517 Hortheield Rd., Bethesda, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Cremetion Bate thereof 6/25/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Cemetery	Where did Injury occur?
Location Maryland	Injured at home, tarm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Vitaleus Tumphrey	SI ONL RI
Address Bethesda, Maryland	23 SIGNATURE BLEICHIA AMIGUA
1 5 1 1 5 0 0	1726 Eye So 18. 70 M. D. or other
(Date by registrar)	Address Date signed Laf 24/4
	/ Darlowy on a



WRITE PLEASE

important.

(Date rec'd by registrar)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

.. 19 DURATION

M. D. or other

CERTIFICATE OF DEATH

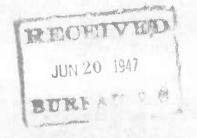
Reg. Dist. No. 22 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) nearest town)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Montgomery	(For newborn infants give residence of mother)		
City or town Takuna Park, Maryland (If outside city or town limits, write RUNAL and give nearest town)	State		
How long in above place of death? 21 days	City or town		
Hospital, Institution, or street address whore death occurred:	239 has 1- 1 A A and give hearest town)		
Washington Sam. + Hospital, Tukona Park, md.	Street No. 238 Maryland Clue. (If rural, give LOCATION)		
How long in hospital or institution? 21 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Read, Mrs. Jane T.			
4. Sex 5. Color or race 8.(a)Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow.	2D. DATE OF DEATH June 18 1847 21 6 1.		
S.(b) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above stated; that taitended deceased from		
	5/28 1847 10 6/17 18		
J. Birth date of	and that I last saw h & alive on 6/17/147		
deceased (mo., day, yr.) Mar. 26, 1872	/ / /		
8. AGE: Years Months Days It less than one day	Immediais cause of death DUR		
75 3 23hrsmln.	Parisa 0 -		
9. Birtholace Scotland	Due to.		
(Town, county, and state)			
10. Usual occupation. Housewife.	Due to		
11. Industry or business	Α		
= 12. Name Henry Taylor	Other conditions Afstructure Jaundial		
	(Include pregnancy within 3 months of death)		
14. Maiden name Javel Brown	Major fiediags of operations.		
14. Malden name Javelle Brown 15. Birthplace Scotland	Date of op.		
18 informant Wash San + Hosp Records	Autopsy results. Op abone		
, () •	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Address Wash Santalion	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burisi, cremation, or removal, Which?) Date thereof feme 18-1947 (month) (day) (year)	Accident, suicide, or homicide		
	Where did lajury occur?		
Cometery or crematory. Nashinistan 26			
Location Washington at 6	Injured at home, farm, Industry, public place (where?)		
18. Funeral director & Win Lee Son G	Means of Injury tnjured at work?		
Address 300- 4th St net Masters In &	DC 14. Hollow		

Registrar Address.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICAT	TE OF DEATH Reg. Dist. No. 2	16
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Dist. of Col. County City or town (If outside city or town limits, write RURAL and give nearest Street No. 3900 14th St., N.W. Apt. 310 (If rursl, give LOCATION) 2.(a) If veteran, name war.	town)
3. (a) FULL NAM		NA MARI	E ROACH	3. (b) Social Security Num	aber
FEMALE	5. Color or race WHITE	MAR	r, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 13,1947 19	
8.(6) Name of husband or wife DR. EDWARD J. ROACH 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Dec. 1, 1891) if alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I allended deceased 19 4 6 7 3 11111 and that I last saw h. 11 alive on 13 11111 Immediate cause of death	19.4.7. 19.4.7.
8. AGE: Year 5		Days 12	if less than one dayhrs,min.	Bronchiel aethma	35yrs
9. Birthplace Sullivan, Indiana (Town, county, and state) 10. Usual occupation Housewife			tate)	Due to	†
11. Industry or business 12. Name Woodfurt Woods Indiana In			diana	Other conditions 1. Brownieckasi, rh. upps loke. 2. Stewnsellism modelisk (Include pregnancy within 3 months of death)	3 yra
14. Malden name Catherine Eaton 15. Birthplace Indiana 16. Informant SUBURBAN HOSPITAL RECORD				Major findings of operations	
Address 17. (Burial, eremation, or removal, Which?) Cemetery or genatory Location 18. Funeral director			or June 16/43	PHYSICIAN: Please underline the cause to which death should be charged stati 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide	
			Ohio Bolling 110	injured at home, farm, Industry, public place (where?) Means of Injury Injured all work?	2 2
Address 38	3 19.4.7		w. Wooh. De Vm E. J. Belistrar	23. SIGNATURE DA Address. 83/8 / Address. 83/8 / Date signed /	2/2 110



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The coof death clearly and legibly. (For newborn infants give residence of mother) Rosegoncery (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital Institution, or street address where death occurred: Terndale (If rursl, give LOCATION) How long In hospital or instilution 2.(u) If veteran, name war.. 3. (a) FULL NAME 3. (b) Social Security Number SAMUEL 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING of ashite Mall (Wedowes 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife B.(c) If alive, give age ... te 7. Birth date of anuary Supply e deceased (mo., day, yr.) **OURATION** Days If less than one day 8. AGE: please 3/47 alce ADING INK. Physicians: pl 5-10 WYS 9. Birthplace (Town, connty, and etate) 10. Usual occupation. 11. Industry or business WITH UNF 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden name 15. Birthplace especially PHYSICIAN: Please underline the caose to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (month) (day) (year) (Burial, cremation, or removai. Which?) Where did injury occur? WRITE (State) (City or town) (County) injured at home, farm, industry, public place (where?) ... Injured at work? Means of Injury PLEASE 18. Funeral director Date signed. Address.

JUN 5 1947

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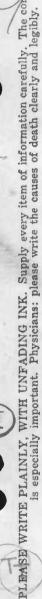
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CERTIFICATE OF DEATH

Per. Dist. No. 223

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofants give residence of mother)
County MONIGOMERY	State Maryland County Montgonery
City or town. A & O.M.Q. F.R. C. (If outside city or town limits, write RURAL and give nearest towo)	City or iown Jokoma Park Ind.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred; 50 7 Cassall Que Johanna Park 11.	pstreet No. SO7 Carroll Que
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(d) If veteran, name war
ELIZABETH M.	3. (b) Social Security Number
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female While Wedowed.	20. DATE OF DEATH 23 June 1947 at 11 P. M
8. (b) Name of husband or wife Firam Sprague Saffail	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 Sept. 1946 1946 1947
	and that I last saw here on 14 June 1847
8. AGE: Years Moolhs Days If less than one day	Immediate cause of death DURATION
105 7 6 min.	Sang sens Reft foot and leg 12 days.
8. Sirihpiaca. Washing Tow D Co (Toyn, county, and state)	Bue to Arterior clercais Generalized 20-25 years
18. Usual occupation	Due to Secrety.
11. Industry or business	
12. Hame William Mc Jeak.	Other conditions Mithal stemps and
	(Incinde pregraphcy within 8 months of death)
14. Maiden name / Nary White Cack 15. Birthplace Ireland'	Major Sudiage of operations.
15. Birthplace Illand'	Bate of op.
16 informant Mess Clara S. Safford	Autopsy results
Address 80 # Maple ave Jakoma Par	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
0. 14. 1	22. VIOLENCE: If death was due to external causes, till in the following:
(Buriat, cremation, or remove). Which?) Bate thereot. (1994) (dsy) (year)	Accident, suicide, or homicide
Cometers or crematory	Where did injury occur?
Location January Ton	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Milliam Bela Some	Means of Injury Injured at work?
Address 306 - 4 St ME Alland LAS	23. SIGNATURE SAB Queen M. A
19. (Date see'd by registrary)	1/2 1/1 Man As Takana Pat M. D. or other

e confect age



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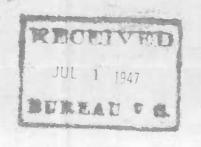
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County	City or town			
3.(a) FULL NAME ELIZABETH W. SMITH	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. OF P. M.			
8. (b) Namo of husband or wifsJohn	21. I CENTIFY that death on fired on the date above stated; that I attended discessed from 19.47, to fired 2.7 19.47. Immediate cause of death. 19.47. Immediate cause of death. 3 da.			
9. Birthplace	Due to malignant malanama 18 mm. Due to mataria to silv. Left femmy, st. breast - dorol Spins 18 mm.			
12. Name Fred ragge 13. Birthplace Newcastle, England 14. Malden name Sarah Neilson 15. Birthplace England 16. Informant Mr. John E. Smith Jr. Address 1012 Coodside Parkway	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Dec. 1994. Autopsy results. PHYSICIAN: Pleasa underline the cause to which death should be charged statistically.			
17. (Burial, cremation, or removal, Which?) Cemetery grandor. Arlington National Location Arlington Co. Va. 18. Funeral director Lance E Lampshorey Address Silver Spring Md 19. Augustion Arlington Management of the Control of	22. VIOLENCE: If death was due to external eauses, till in the following: Accident, suicide, or homicide			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 7/4

City or town(III How tong in above pla- Hospital, institution,	Silver Si	pits, write Ri	inning Dr. I'd RAL and give nearest town)	State County Assistance County Silver Sp. L.d.		
3. (a) FULL NAI	ЙE			3. (b) Social Security Number		
	5. Color or race		nnie M. Sr	ith		
4. Ser	5. Color of face		dowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH June 16 19 47, alo:30.24		
	d or wife) If allve, give agoyea	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18		
8. AGE: Yes	, 11.7	Days	It less than one day	Immediate cause of deeth DURATION		
10. Usual occupation	. Housewi	lfe	V.O. a. tate)	Boe to.		
14. Maiden nam 15. Birthplace	Cumberlar	nd, Co		Major findings of operations		
Address 1	OP E. Indi	an Sp Pale there	Dr. of Sun 17, 15 y fmouth) (des) (year)	PHYSfCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide		
18. Funeral direct	1 1 2	tn	sies Co W. phinty ahouf			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

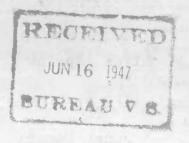
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CERTIFICATE OF DEATH

Rog. Dist. No. 2/8

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow Wm C, Spring	MEDICAL CERTIFICATION JUNE 13th 47 12N6n 20. Date of Death 19 12N6n 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(b) Name of husband or wife	and that I last saw has allve on Jame 12 19 7
8. AGE: Years Months Days If less than one day	
1853 94 1 10hrsmin.	acute Cardias deletation 1 hr
9. Birthplace Lovettsville, Va, (Town, county, and state) 10. Usual occupation House Wife 11. Industry or business Elias Spring 12. Name Elias Spring 13. Birthplace Va,	Due to
14. Maiden name Mary E, Stonebaker Vag.	(Include pregnancy within 3 months of death) Major findings of operations
16, Informant Nona Demery	Actorsy results.
Address Gathersburg Md, 6/15/47 17. Burial cremation, or removal. Which?) Cemetery or crematory	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Lovettsville. Va,	Injured at home, farm, Industry, public place (where?)
Renice E. Brown 18. Funeral director Address Lovettsville, Va, 19	Mesns of injury Injured at work? 23. SIGNATURE Think J. Browthast M. D. M. D. or other Address. Saithway MA Date signed 6-13-47



2411 N. Charles St., Baltimore

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3. (b) Social Security Number

				1 -
CFRTIF	ICATE.	OF	DEATH	

2.(a) It veteran, name war.....

	OI	DLAIII	Reg. Dist. No
2	USUA (For	AL RESIDENCE (HO	ME) OF DECEASED:
S	tate	Ohio	County
C	ity or to	E.Clevela	nd own limits, write RURAL and give nearest town)
S	treet No.	1315 E. 14	
		/ (If r	ural, give LOCATION)
1 2	.(a) It ve	eteran, name war	W1. & WW 2

_				_	-	
3. ((a)	FUI	LL	NA	ME	

How long in hospital or institution?

6-17 (Date rec'd by registrar)

information carefully. He of death clearly and legibly

causes

important

1. PLACE OF DEATH:

County Montgomery

Hospital, institution, or street address where death occurred:

US Naval Hospital. Bethesda. Md.

STRONG Harry Elmer

45 minutes

Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town) 45 minutes

4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced
male	W-US	divorced
6.(b) Name of husban	d or wife	
T. Birth date of deceased (mo., day,	, _{m.)} 30 Se	ptember 1893
8. AGE: Yea		Days If less than one day
	53 8	16min.
12. Name Ra	Arlingt	·
14. Maiden name	Ohi.o	
	ther: Mr.	Ralph W. Strong
Address 1315	E. 143rd	St., E. Cleveland, Ohio
17 buri (Burlal, crematic	on, or removal. Which	Date thereof 6-19-17 (month) (day) (year)
Cemetery or crema	tory Arli	ngton National
		4/1/
18. Funeral director.	IVES FUN	TRAL HOME
		lvd. Arlington, Va. /

MEDICAL CERT	IFICATION	
20. DATE DE DEATH 16 June	19.47	, at 2 P
21. I CERTIFY that death occurred on the date above sta	16 Jur	e1947
and that I last saw h. im. alive on	June	19
Immediate cause of death MYOCARDI INFARCTION RECEN	AL	DURATION

Due to CORONARY THRE RECENT and OLD	MBOSIS,	
Due to CORONARY ARTERIO	SCLEROSIS	ca 1 year
Other conditions CONGESTIVE	HEART	
FAILURE 97d A	RTERIOSCLER	purs
Major findings al operations		
Autopsy results (50me a5 abo	Date of op	
PHYSICIAN: Please underline the cause to which d	eath should be charged	statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

(City or town)

(County)

Injured at work?

Oate Signed 6-16-47

B. BRYAN! Lt. (jg) (MC) USNR

(State)

Accident, suicide, or homicide.....

Address USNH Bethesda, Md.

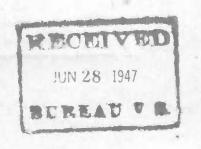
injured at home, farm, industry, public place (where?)

Where did Injury occur?

Msans of Injury

Registrar

MARGIN RESERVED



2411 N. Charles St., Baltimore

05189

Date signed Sac 3/47

CERTIFICATE OF DEATH

do Reg. Diat. No. 2/8

1. PLACE OF DEATH: County			Md, Rural	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the Va. State Warrenton.	nty			
			d:	Street No.	City or town			
	or Institution?	***************************************	***************************************	. 2.(a) 1t veteran, name war	***************************************			
3. (a) FULL NAM		Vir	ginia Taylor		3. (b) Social Security No	umber		
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION			
Female	White		dow	20. DATE OF DEATH June 2nd		4.50P		
	d or wifeWm	100000000000000000000000000000000000000	aylar	21. I CERTIFY that death occurred on the date about	ve stated; that I attended decease	ed from		
7. Birth date of	*****************************	6.(c) If allve, give ageyears					
deceased (mo., day,	yr.) No	v 22	1881	and that I last saw h. A. alive on				
8. AGE: Year		Days	If less than one day	Immediate cause of death		DURATION		
	65 6	10	hrsmln.			***************************************		
9. Birthplace	Virginia		state)	Due to		0		
	HOllee	With						
10. Usual occupation	110 430			Duo to				
11. Industry or busine								
置 12. Name	Buck Wine	S		Other conditions				
13. Birthplace	Va,					• • • • • • • • • • • • • • • • • • • •		
es	Mary Wi	nes		(Include pregnancy within 3 m	onths of death)			
14. Malden name	Va,	****************	***************************************	Major findings of operations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
≥ 15. Birthplace				-	Date of op			
16. Intermant Mr.	s J.L. W	ines	***************************************	Autopsy results	***************************************			
	ithersbur			PHYSICIAN: Please underline the cause to whi	ch death should be charged sta	tistically.		
	ial n, or removal. Which?)		6/5/47 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide				
			Cemebery	Where did injury occur?(City or town)				
	Warrenton					State)		
Lucation	***************************************			Injured at home, farm, industry, public place (who				
	Ernest C			Means of Injury	Injured at work?			
Address	Gaithersk	ourg.	Md,	em	lusty	na-		
19. June 1	3 19 47 (egistrar)	Elses	Last II De Registrar	23. SIGNATURE	a, D, or	hare 3/47		

JUN 5 1947

9400

CERTIFICATE	OF	DEATH

Tect	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
of death clearly and legibly.	1. PLACE OF DEATH: County Moulanner - Rural P-7. Nacket	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infang give residence of mother) One of the Many and County Montagement	
y and le	(If oftside sity or town limits, write kUKAL and give nearest town) How long in above place of seath. Hospital, institution, or street address where death occurred	City or town. Clause of control of the city of lower limits. Street No. 7 7 7 7 7 2 -	- Rual of Bockwell
clear	How long in hospital or institution?	2.(a) If veteran, name war Oorld.	LOCATION) II
death	3. (a) FULL NAME Log Lidder	Tedder	3. (b) Social Security Number 213-12-1210
	Male Sule (\$1.00) \$ (a)	11	RTIFICATION 19.77 21.645P
e F	6.(6) Name of husband or wife. Procesa to Irddu	21. I CERTIFY that death (coursed on the date above stated; that I attended deceased from	
te	7. Birth date of deceased (mo., day, yr.) 8. A.G.E. Years Mooths Days It less than one day	and that I last saw h. saanalive on	DURATION
K. Supply please wri	8. AGE: Years Moofhs Days If less than one day 1 less than one day 1	Coronary 2les	omlius 14-
INK.	8. Birthplace. David arvivia. 10. Usual occupation Invisitionaler.	Due to Coronary Del	ersis 5 mono
Physicians:	11. Industry or business Phil Has Company	Due to	
	12. Name tellis for Traday 13. Birthplace Sparla - north Carolina	Dther conditions	
+2	14. Maiden name Blora Richardson 15. Birthplace & Barla Morelo Carbling	(Include pregnancy within 8 m	
r, with lly impor	18. Informant Actions To Italian Services	Autopsy results	••••••
PLAINLY, is especially	Address P. F. D#2- Cockvelle-ma	7. 5 # 2 - Pockvelle - Ma PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	
E PL is e	(Burial, cremation, or removal, Which?) Cemetery or crematory Alluglow Cemetery or crematory Alluglow Complete the comp	Accident, suicide, or homicide	
WBITE	Location Cerling Con Co- Dirginia	Injured at home, farm, Industry, public place (who Means of Injury	
PLEASE	Address To Chvelle - Mary Sand	1118 Man	ysley mis
1	10 Figure 8 19.47 Miles E. F. Thompson (iDate rec'd by registrar)	23. SIGNATURE DOCKSULLE	M. D. or other 194 Bate signed 7 Aung

MARGIN RESERVED FOR BINDING

JUN 10 1947 .

BUREAU V S.

E4 1 .

PLAINLY, V

WRITE

PLEASE

VS A15

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conse

1. PLACE OF I County Ma.

Now long in hospita 3. (a) FULL NA

4. Sex F

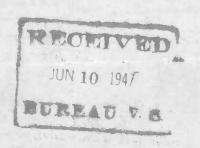
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. 2/

CERTIFICATE OF DEATH

D. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give reaidence of mother)
Oity or town	State MARYLAND County Montgomery
low long in above place of death?	City or town. DRASCUS (If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANNA CUMMINGS That ch	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	20. DATE DE DEATH 43. 6 19 47 at 13:16 A: M
2 11 2 -1 1 1 2	21. LCERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or wife. David C Thatchee	Hover 12 1946 to male 1947
7. Birth date of	and that I last saw h ER gilve on June 5
deceased (mo., day, yr.) July 18, 1861	Immediate cause of death Certifical Chrombotics DURATION
8. AGE: Years Months Days 11 tess than one day	I wers.
85 10 18hrsmin.	4
9. Birthplace. Guildhall Vermont (Town, county, and state)	Due to Interioscleratio Cardianasulas 15 years
10. Usual occupation Housewife	0 00000
	Due to
11. Industry or business Home	· · ·
E 12. Name ISAAC Cumm, N95	Diher conditions.
13. Birthplace Toposfield, MASS.	(Include pregnancy within 3 months of death)
14. Maiden name HANNA YOUNG	Major findings of operations
15. Birthplace New Hampshire	Date of op.
16. Informant MR. MARK G. Thatcher	Astoney years
Address DAMASCUS, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
3.0.01 Time 0 1047	22. VIOLENCE: If death was due to external causes, fill in the following:
17 BURIA Date thereof JUNE 8 (947) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Methodust	Where did injury occur?
Location NORTH FIELD FAILS, VT.	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. B. Beall INC.	Means of injury Injured at work?
Address DAMASCUS, Md.	23. SIGNATURE TIMES F. Kerr M. W.
19. June 6 18 43 Della W. Buratet	M. D. or other



2411 N. Charles St., Baltimore

932

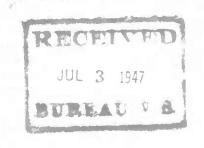
05192

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of a	DECEASED:	
County	Dothoode	(\	State Md. Cou		
(1/ 0)	Bethesda	limita write l	RURAL and give nearest town)	Tradian Hoad		
How long in above place	3	davs	and give nearest town)	City or town(If outside city or town limits	write RIIRAL and give near	cost town)
How long in above place i Hospital, institution, or	street address where	death occurre	d:	Street No. 18 West Patton R	oad	est town)
			da. Md.			
	-			(tf rural, give LOCATION) 2.(a) It veteran, name war		
			3 days	Z.(a) 11 veteran, name war		
3. (a) FULL NAME	TORR	ens, fi	cancis Aloyisus		3. (b) Social Security I	lumber
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	W-US		marri ed	2B. DATE DF DEATH June 21	19.47	4:10P
	Ang	ela Tor	rens	21. I CERTIFY that death occurred on the date abo		
				19 June 19		
7. Birth date of	•••••	6.	(c) If alive, give ageyears	and that I last saw halive_on	21 June	19.47
deceased (mo., day, yr	May	15, 188	30	Immediate cause of death CORONA	RU	DURATION
8. AGE: Years	Months	Days	If less than one day			3-4 days
67	1	6	hrsmin.	THROMBOSIS O		
01				MYOCARDIAL INFA		
9. BirthplaceWa	shington,	D. C.	state)	Due to ARTERIOSCLE	050212	2 years
				***************************************	***************************************	
1D. Usual occupation	unimown		•••••••••••••••••	Due to		***************************************
11. Industry or bustness						
ad 1		hm		Bther conditions CONGESTIVE A	FEART FAILURE	= 3-4 day
Just 1	rrensoo			biner conditions		7.7
		unkne		(Include pregnancy within 3 n	nonths of death)	
14. Malden name 15. Birthplace	unkn	own	.,,,,,			
TO		unknown		Major findings of operations		
	35	3		SAME AC	Date of op	
16. Informant Wife	: Mrs. An	gela To	orrens	Autopay results. SAME AS		a a* a* Bi
Address 18 We	st Patton	Road.	Indian Head, Md.	PHYSICIAN: Please underline the cause to wh		tatistically.
				22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
17 burial	or removed Which	Date the	reo1 6-21-17 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremator	Arlingt	on Nat	ional	Where did Injury occur?(City or town)		
						(State)
Localion	Arlington	, Va.		Injured at home, farm, Industry, public place (wi		
1B. Funeral director	P. A. TAI	TAVULL	W.WTallanel	Means of injury	Injured at work?	
3670	7 lith St.	. NW . Wa	shington D.C.	4000 char		
Address CT		ma P)) J L	23. SIGNATURE J. B. BRYAN,	Lt. (jg) MC US	NR
19 6-22	1947	Mary (har Lotte Smith			
(Date rec'd by res	ristrar)	-0"	Registrar	Address USNH Bethesda, Md.	Oate signed	0-22-4

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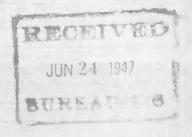
MARYLAND STATE DEPARTMENT OF HEALTH

93d

05193		0	5	1	9	3	
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CERTIFICATE OF DEATH

City or town. (If outside city or fown limits write RURAL and give nearest town) How long in abore place of death? (If outside city of town limits, write RURAL and give nearest town) How long in abore place of death? (If outside city of town limits, write RURAL and give nearest town) How long in hospital or institution. (If outside city of town limits, write RURAL and give nearest town) Street Ro. R.		es St., Baltimore 93d
(For new Description in fast at give revolution of mother) State And	CERTIFICAT	TE OF DEATH Reg. Dist. No.
3. (a) FULL NAME 9. Sex 5. Colder or race 8. (a) Single, married, widowed, or divorced 8. (b) Name of husband or wife Married 1947	County Many County Many County Many County Of	(For newborn infants give residence of mother) State Many County Prive George City or town (If outside city of town limits, write RURAL end give nearest town) / Street No. Rayedan Club.
Male Colored Married. 5.(6) Name of husband or wife. Mary Titre Rel 7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months Days If less than one day 4. AGE: Vears Months Days If less than one day 5. Birthplace Amage of death and the date save stated; that I altended deceased from July 19 7. Birthplace Amage of death and the date save of death and the date		
21. I CERTIFY that death occurred on the date above stated; that I altended deceased from J. N. C. 11. N.		
10. Usual occupation. 11. Industry or business 12. Name	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h/200 alive on June 3 19 Immediate cause of death DURN Palamanong in fax claim 2 4
18. Informant / 99 i t a / (20 i de attention) or removal. Which? 18. Informant / 99 i t a / (20 i de attention) (20 i de att	10. Usual occupation	Cardiac in Sufficient (Include pregnancy with Smonths of deap)
	Address Buril (e.covas Address Buril 17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



V. S. No. 1 N. B.-

state nfor-

STATE OF MARYLAND—CERTIFIC	CATE OF	DEATH	05194
ACE OF DEATH	48a	X OD	

1. PLACE OF DEATH	480 X ND
County MONIGONYERY.	Registration Dist. No. 2/6
Village or City Dethes day	well as Ald Che prof Tould Pol
Timeso of only San Art	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME HILDA H	NCENT
(a) Residence: No. 1224 - 13 ⁴	St. N. YUWard, Washington D.C.
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH
Temphe White MARRITO	JUNE 19 1947
5a. If married, widowed, or divorced	(Month) (Pay) (Yeer)
HUSBAND OF WILLIAMS WINCENT	22. I HEREBY CERTIFY, That I attended deceased from
TO THE PARTY OF TH	February 7 1947 to June 19 1947
6. DATE OF BIRTH (month, day, end year) 186. 2, 1910	I lest saw heralive ondune
7. AGE Years Months Days If LESS than 1 dey,hrs	to have occurred on the date stated above, at 6.2.25.1.m.
0rmin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Generalized abdominal and pelvic
SAWYER, BOOKKEEPER, etc.	carcinomatosis with spontaneous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceesed lest worked at this occupation (month and	colostomy (erosive).
SAW MILL, BANK, etc	Cachexia,
this occupation (month and spent in this occupation occupation	Q: LAcons
6 1	Other Contributory Causes of importance: Carcinoma of Billy of
12. BIRTHPLACE (city or town) WONE (State or country)	Cervix, Squamous Cell, Grade III
DAVI COLL	
13. NAME JOHN SOUTHERLAND	
13. NAME JOHN SOUTHERLAND 14. BIRTHPLACE (city or town) JAGNEY	Name of operation Total hysterectomy Date of May, 1946.
(State of Country) Notice Section	Whet test confirmed diagnosis? Path. section was there an autopsy?
15. MAIDEN NAME ANN Me Dougal	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town Syd NE 4	Accident, suicide, or homicide? Date of Injury, 19
(State or country) / NO 04 VCOTI	Where dld injury occur?
17. INFORMANT HUSBAND - WILLIAM L. VINCEN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1224 - 13th St N.W. WASh De	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plecotash Nat Com Date 6/21,194	Neture of injury
19. UNDERTAKER W. W. Chambers Co.	24. Was diseese or injury In any way related to occupation of deceased?NO
(Addiess) / 400 Chahin St. W.W	if so, specify
20. FILEO 6/20 1947 Mm & golas	(Signed) Lill rause MD
20. FILEO Egistrar.	(Address) 3005 McKinley St.N.W. Wash.D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	الأ		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	JUN 25 1947	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			BUREAUVE	
Other contributory causes of importance:		Other contributory cau	scs of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	A	
4		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1860 CB Reg. Dist. No. 216

1. PLACE OF DEATH: County. Montgomery. City or town. Bethesda (rural). (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 hours Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institulion? 12 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME WALKER, John Leroy	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6,(b) Name of husband or wife Teopal Mae Walker 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 2, 1918	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 29 0 23 hrsmin.	Post tramstic parchasis 3 days
9. Birthplace	Due to Continuon of Sift orbital and (accidental)
11. Industry or business	DUE (U
12. Name John H. Walker dec.	Diher conditions beautiful fine conditions from the conditions fro
14. Malden name Blanchie Pace 15. Birthplace Fla.	Major findings of operations
16. Informant Wife: Mrs. Theopal Mae Walker	Autopay results. Advance. An advance to which death should be charged statistically.

e charged atatistically. Address c/o Joe K. Hipp, Redfield, Ark. 22. VIOLENCE: If death was due to external causes, fill in the following; removal (Burial, cremation, or removal, Which?) Cemetery or crematory Injured at home, farm, Industry, public place (where?)

18. Funeral director W. W. CHAMBERS

(Date rec'd by registrar)

Means of Injury

23. SIGNATURE.

Date signed 6 2 1 4

FOR BINDING

RESERVED

MARGIN



MARGIN RESERVED FOR BINDING

PLEASE WRITE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
1 Charter Charco	State Maryland county Montgomery	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 20 Yrs.	Chevy Chase	
How long in above place of death? 20 Yrs.	City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)	
Mospilal, institution, or street address where death occurred:	Street No. 4608 Walsh Street,	
4608 Walsh Street		
How long in hospital or institution?	(If rural, give LOCATION) NONE	
3. (a) FULL NAME	3. (b) Social Security Number	
ANNIE M. WARD	None	
4. Sex 5. Color or race 6.(o)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE DF DEATH June 4, 9 19 47 , at 6:00 A .	
5.(b) Name of husband or wifeStephen P. Ward	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	
(hopposh)	June 18 40 10 June 4 19 47	
5.(c) IT alive, give age years	and that I last saw he alive on 3 19 7.7	
deceased (mo., day, y) Jan. 1, 1864	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day	Comm temploses 3 days	
83 83 5 3 min.	4	
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Coronan Ochmis	
9. Birinpiace	7	
10. Usual occupation. Housewife	Oct Oct	
11. Industry or business Home	Due to. Old Uge	
12. Name Olando Burton		
12. Name Baltimore, Maryland	Other conditions	
2 13. Birthplace Date of Mary Land	(Include pregnancy within 3 months of death)	
置 14. Maiden name Orvilla DeVoe	Major findings of operations	
14. Maiden name Orvilla DeVoe 15. Birthplace Pottersville, Maryland 16. Informant Mrs. Lillian W. Snapp (daughter)	Bafe of op.	
16. Informant Mrs. Lillian W. Snapp (daughter)	Autopsy results.	
Ohama Ohama Manaland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial Date thereof 6/7/17 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cometery or crematory Louden Park, Baltimore		
	Where did Injury occur?	
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director De Kouchen Tumphrus	Means of injury Injured at work?	
Address Bethesda, Maryland	2 - 1 (oringe) of	
614 117 FAME FOR	23. SIGNATURE Mr. D. or other	
19. (Date rec'd by registrar) Registrar	Address 5016 Curito Sal Date signed W1 3790	

JUN 6 1947 BUREATES

2411 N. Char	lea St., B
CERTIFICA	TE O
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USI (F State City or t
How long in hospital or institution?	2.(a) if
3. (a) FULL NAME Benjamin Kayne	
4. Sex Sex S. Color or race 6.(a) Single, married, widowed, or divorced manual	20. OATE
6.(b) Name of Jaushand or wife mbrown 6.(c) It alive, give age year	21. I CE
7. Birth date of deceased (mo., day, yr.) Ambroon St. V	and that
8. AGE: Years Months Days If less than one day	Sen
9. Birthplace Fairfox Co, (Town county, and stage) 10. Usual occupation. Inch Jandening	Oue to.
11. Industry or business . Official leaves . Off	Other co
14. Maiden name Improven 15. Birthplace M 1	Major f
16. Informant III anna Bellemin	Aotopsy
Address Johnandon Man 12 194 (Burial, cremation, or remoyal, Which?) Date thereof (month) (day) (year)	22. VIC
Cometery or crematory Union Cemelly, Location Washing ton, h. T.	Where o
1B. Funeral director. The state of the state	Means o
Address Cock wille, ma., 19. 47. Christian L., Registra. Registra.	23. SIG
(Date ree'd by registrar)	Address

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State 419 County Affingomery
Gillessang Gershantson
City or town
Street No.
(If rural, give LOCATION)
2.(a) If veleran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION
(/imo a
20. DATE OF DEATH 41114 - 7- 1947 21 1 P. M
21. I CERTIFY, that death occurred on the date above stated; that hattended deceased from
1971 19
and that I last saw h Man alive on Jame L 8 - 19 42
and that I hast saw it
Immediais gause of death DURATION
demle manihon 3 mehr
1 1 1
anterio - allerara
Oue to
. Lemle demenha ?
Due to.
Other conditions
OTHER COMMITTIONS
(Include pregnancy within 3 months of death)
(Include pregnancy within 5 months of death)
Major findings of operations
Actorsy results
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did Injury occur?
Where did Injury occur?
injured at home, farm, industry, public place (where?)
Means of injury tnjured at work?
11.11. 0 00 10 10
William & Miller, M. V.
23. SIGNATURE M. D. or other

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JUNIA 1947

BUREATTS

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OF DEATH

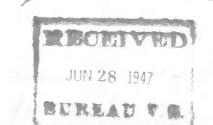
			2411 N. Char	les St., Baltimore	159 nm
/			CERTIFICA	TE OF DEATH	Reg. Di
How long in above place	pomery Bethe utside city or town liv of death? Streel address where aval Hospit Institution?	esda (1 mits, write B days death occurred tal, Be	rural) RURAL and give nearest town)	2.(a) If veteran, name war	county
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		ICAL CERTIFICAT
male	W-US		single	20. DATE OF DEATH. June	∍ 19
6.(b) Name of husband 7. Birth date of deceased (mo., day,)	June		c) If alive, give ageyear	and that I last saw h J.M. alive	on 19 47 to June
8. AGE: Years	Months	Days 5	If less than one dayhrs. min	Immediate cause of death Office.	
10. Usual occupation		***************************************		Due to	
11. tndustry or business 12. NameWEAVER, Jesse 13. Birthplace Washington, D.C. 14. Malden name PIERCE, Mary				(Include pregnan	ey within 3 months of death)
15. Birthplace Washington, D. C.				Major findings of operations	Date
16. Informant MO.	Mrs. Mary	P. Wes	wash.,D.C.	PHYSICIAN: Please naderline the	
17. burial Date thereof 6-23-17 (Burial, cremation, or removal. Which?)				22. VIOLENCE: If death was due to Accident, suicide, or homicide,	D
Cemetery or crematory					
Location Arlington, Va.					bric place (where)
	W. W. CHAM			Means of Injury	releve
à	O Chapin S	man	PAUL PE	TRRSON, Capt.(

	Streel No. 1806 21th St., S.E. (If rural, give LOCATION) 2.(a) If veteran, name war.	V
, 3rd	3. (b) Social Sec	
d	MEDICAL CERTIFICATION	N
	20. DATE OF DEATH June 19 19.	47, 5:15P
years	21. I CERTIFY that death occurred on the date above stated; that I attend 12. June 19. 17. to 19. and that I last saw h. J.M. alive on 19. 29. June	June 19 47
min.	Immediate cause of death. Offen to Marie S	DURATION
	Due to	
	Due to	
	Other conditions	
	Major findings of operations	elicies.
	22. VIOLENCE: If death was due to external causes, fill in the following	
rear)	Accident, suicide, or homicide	
ery	(City or town) (County)	(State)
	Means of Injury Injured at wor	rk?
	PAUL PETERSON, Capt. (MC	
Registrar	Address USNH Bethesda, Md. Date	M. D. or other signed 6-20-47

ADING INK. Supply every item of Physicians: please write the causes BINDING FOR RESERVED WITH UNF

WRITE PLEASE

especially



CERTIFICATE OF DEATH

	Reg. Diat. No.
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	/
$\frac{1}{2}$	State Mary land County Montgomery
City or fown. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	fit outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	6
The Mostgamery County General Hospital	Street No. 2 Etchisaly.
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
M. O / / ///	
11115. Gertrude Weber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Widowed	T. 10 / 17 1/1/70
Female White Widowed	20. DATE DE DEATH UNC 6 19 47 at 4.47 A.
8.(b) Name of husband or wife Norman Weber	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(0) Name of husband or wife	June 3 1947 10 June 6 1947
	are
7. Sirth date of	and that I last saw h.C.d. alive on A.J.U. N.C. (6. 1954.7
deceased (mo., day, yr.) December 3, 1894	Immediate cause of death
8. AGE: Years Months Days If less than one day	Introfunal Otshuke 5day
52 6 3hrs.	in.
	m. I del alla com o
9. Birthplace Gartherskurg Md. (Town, jounty, and atate)	Due to / / Mastasia Cor Advivor
(Town, founty, and atate)	Dremdy to malanonmules 9 mil
10. Usual occupation. House cure	A South for Skin During
	Due to
11. Industry or business Home.	
12. Name Maurice Bowman	Other conditions
H N	
13. Birthplace Moute. Co., Maryland	(include pregnancy within 3 months of death)
14. Maiden name Martha Haw Hawkins 15. Birthplace Maryland.	
5 m	Major findings of uperations.
El 15. Birthplace Maryland.	Date of op.
16. Informant 1409 p. tal Lecards	Antopoy results
10, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
B .: 1 1 4 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
met atal	
Cemetery or cromatory	Where did injury occur?(City or town) (County) (State)
Clabiana ma	Injured at home, farm, Industry, public place (where?)
Location Control Contr	
18. Funeral director & Lory 20 3 arber	Means of Injury Injured at work?
1 1 1 2 2	Mach
Address Laysonswille my	an cianature / XY D
October 7 hotel	23. SIGNATURE M. D. or other
19. Home 8 1941 De Mudio- dan Ce	rar Address Sandy Shring M. S. Date signed 6/6/47
(Dath lead by registrar) Registr	rar Indiresso 10 C G G G G G G G G G G G G G G G G G G

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The order age is especially important. Physicians: please write the causes of death clearly and legilly MARGIN RESERVED FOR BINDING

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TEXT IN TRANSPORT TOUR PROPERTY.

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JUN 24 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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223-

CERTIFICATE OF DEATH

CLRIIIICAI	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County MONTGOMERY	
(If outside city or town limits, write RURAL and give nearest town)	State County City or town WAJALING TOW (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
MRS JELLIFFS NURSING HOME	Street No. 4015 124. Ave. N. W. (If rural, give LOCATION)
How long in hospital or institution? 3 Manths	in the second se
	2.(a) If veteran, name war.
3. (a) FULL NAME MARTHA WEEDON	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	20. DATE OF DEATH
8.(b) Name of husband or wife NE POTN T	21. I CERTIFY that death occurred on the date above stated; that I stjended deceased from
7. Birth date of Second (mp., day, yr.) Aug., 15, 1863	and that I last saw h
	Immediate cause of death
8. AGE: Years Months Days If tess than one day	Leveralized arterioscherosco 2.3 years
9. Birthplace	Que to
10. Usual occupation. KETIRED	Due to
11. Industry or business D.C. Gov T.	
12. Name HENRY PUMIPHREY 13. Birthplace DC.	Diher conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name EMMA GATES	Major findings of operations
14. Malden name. EMMA GATES 15. Birthplace D. C.	Date of op.
16. Informant MRS. EDNA ORR	Antopsy results
Addresa 148 TODD PL. N.W. WASH. D. C.	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Congressional Cemeley	Where did injury occur?
Location Washing ton Nila.	tnjured at home, tarm, Industry, public place (where?)
18. Funeral director. Trans. Collins	Moons of Injury Injured at work?
Aggess 3821-14th, Syl. n. w worfl	C. P. Regland
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	490 Man Que Nu M. D. or other
(Date rec'd by registrar) Registrar	Wash 16 y



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MARGIN-RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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05201

CERTIFICATE OF DEATH

Reg. Dist. No. 714

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or fown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Mary Ellen Wh	3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced Separated 8. (b) Name of husband or wife. 8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. (c) If alive, give age years 17. (Burial, cremation, or remyval. Which?) Date thereof. (ponth) (day) (year)	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY, that death occurred on the date above staled; that I attended deceased from 19. 19. 10. 11. 12. 19. 10. 11. 10. 11. 19. 19. 19. 19. 19. 19. 19. 19. 19
Cemetery or crematory Location Barry t Wash 18. C. 18. Funeral director W. Garren Garris Co.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work?
Address 1432. you Show Wash. M.C. 19. June 1 Josephus on Schooffe Registrar	23. SIGNATURE M. D. or other Address Date Signed Supply 24

JUN 9 1947

MARYLAND STATE DEPARTMENT OF HEALTH

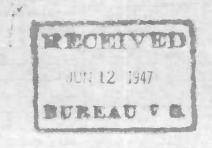
2411 N. Charles St., Baltimore

164c

CERTIFICATE OF DEATH

05202 Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County Montgomery	State Maryland county Montgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or stroot address where death occurred:	Stroot No. Grant Hue.
Washington Danitavium How long in hospital or institution? 2 hrs 10 min	(If rural, give LOCATION)
	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Edmund hewis Windsor	518-07-9065.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Separated.	20. DATE DF DEATH
6.6) Name of husband or wife. Edna Windsor	21. I CERTIFY that doath occurred on the date above statod; that I atlended deceased from
	0 . / / .
7. Birth date of	and that I last saw h
docoased (mo., day, yr.) Sept. 5 1900	Immediate cause of death
8. AGE: Years Months Days It loss than one day	Bullet word in
46 9 2hrsmin.	st temple 3 km
9. Birthplace Prince george Co, Md, (Town, county, and state)	Due to.
(Town, county, and state)	Junes
10. Usual occupation Pain tex	Due to
11. Industry or business	
12. Name Richard H. Windsor 13. Birthplaco Prince George Co. Md.	Dithor conditions
13. Birthplaco Prince george Co. Md.	
# 14 Maidon name Rosie Hutchinson	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Dato of op
18. Informant (Separated) wife Mrs Edna Windson Takoma Pk.	Autopsy results
Address 8857 Piney Branch Md.	
Bate thereof. Don's 9-1947. (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If doa'th was due to external causes, fill in the following; Accident, suicido, or homicide
Cometory or crematory EPIPHANY CHURCH	Where did Injury occur? (City or town) (County) (State)
Location FORESTVILLE PRCGO'S CO. MID	Injured at home, farm, industry, public place (where?)
18. Funeral director el ane & Temphony	Moans of Injury 22 refle Injured at work?
To Tunical director	2. 1 Q. Brosshart m.J.
Address SILVIER SPRINGINGS	Chamber of the contract of the
19. June - 10 1947 /J//Men DUSA	in the second
(Date rec'd by registrar) Registrar	Address Tarkhur way Ma Date stened (a - 7 - 47)



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: to Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cercbrospinal fever (the only 'definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia."

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; Whooping cough; Chronic valvular heart discase: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopncumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic, "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.) "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered In detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed